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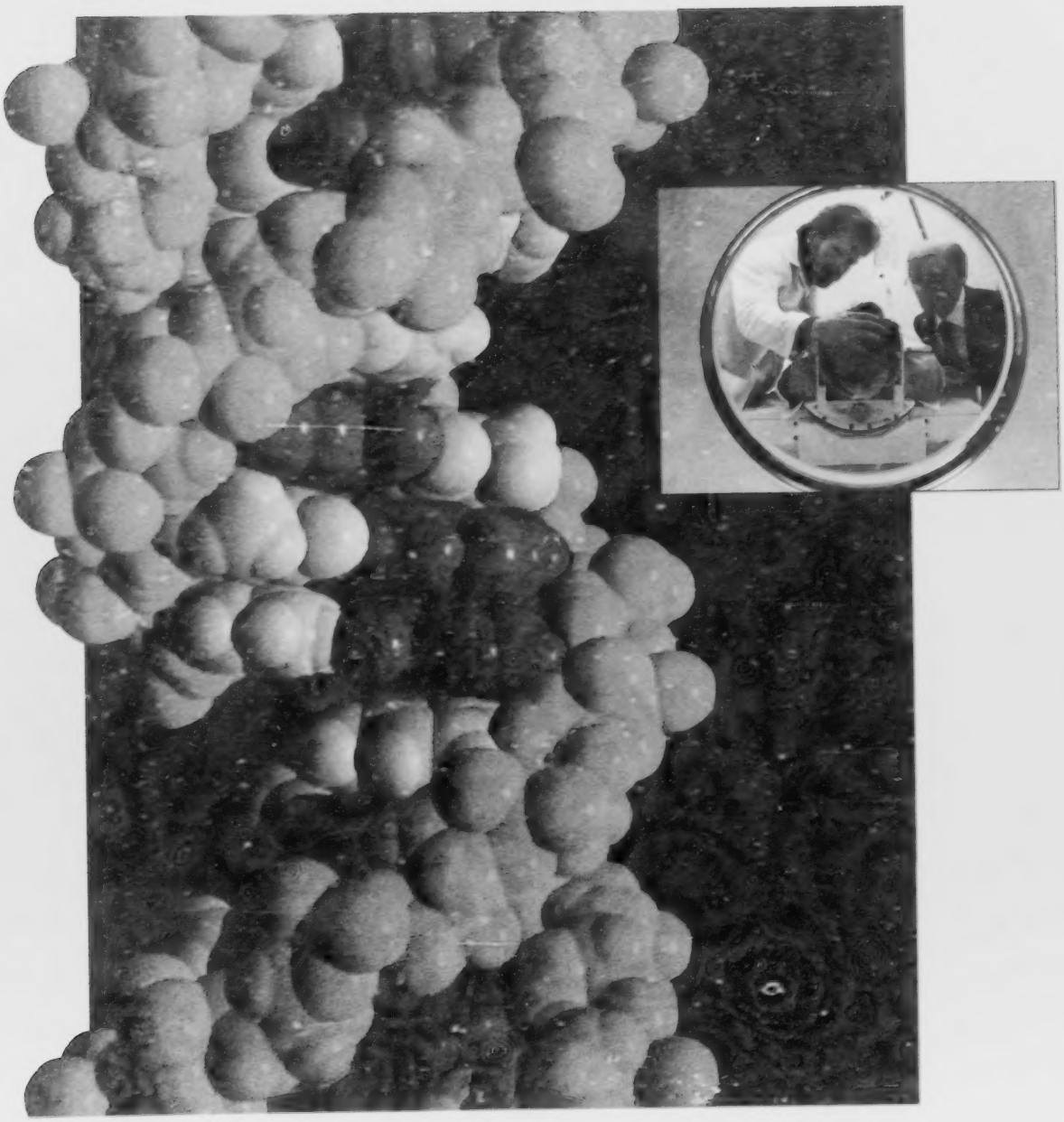
VA TODAY



Department of
Veterans Affairs

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Sincere thanks to those individuals throughout the Department of Veterans Affairs who contributed articles and photographs.

A LETTER FROM THE SECRETARY

On March 15, 1989, the Veterans Administration officially became the Department of Veterans Affairs. The change involves much more than the name. In one sense, this elevation of veterans programs to Cabinet status is a gesture to demonstrate the depth of feeling America continues to have for those who have served in its military forces and now bear the title "veteran."

As part of the Cabinet of the President of the United States, the new Department gives representation at the highest level of government to the veterans who have supported and defended our Nation.

This change to Departmental status demonstrates that programs administered by the VA have an even broader national impact in our society. Today, there are six times as many veterans alive as there were when the VA was created in 1930. One-third of our population now has an immediate family involvement in veterans affairs.

As the veteran population increased, programs to provide them with benefits and services also grew in size and complexity. In turn, these programs have made a tremendous contribution to the society at large—in health care, education, housing, and insurance.

The scope of veterans benefits programs and VA's extensive societal contributions are described in this publication. This is a story of caring, and of accomplishments by the VA's 240,000 employees.

It is a story of compassion for those who need health care, and of professionalism on the part of those who provide it in VA's 172 medical centers, 233 outpatient clinics, and dozens of other facilities. It is a story of dedication to serving veterans who need assistance with compensation, education, and other readjustment benefits in VA's 58 regional offices across the country. And it is a story of respect for those who find a final resting place in VA's 112 national cemeteries.

As the Nation's newest Cabinet Department, VA's workforce will carry over a traditional sense of mission and dedication to excellence that will be enhanced to assure that veterans and their families receive the benefits to which they are entitled.

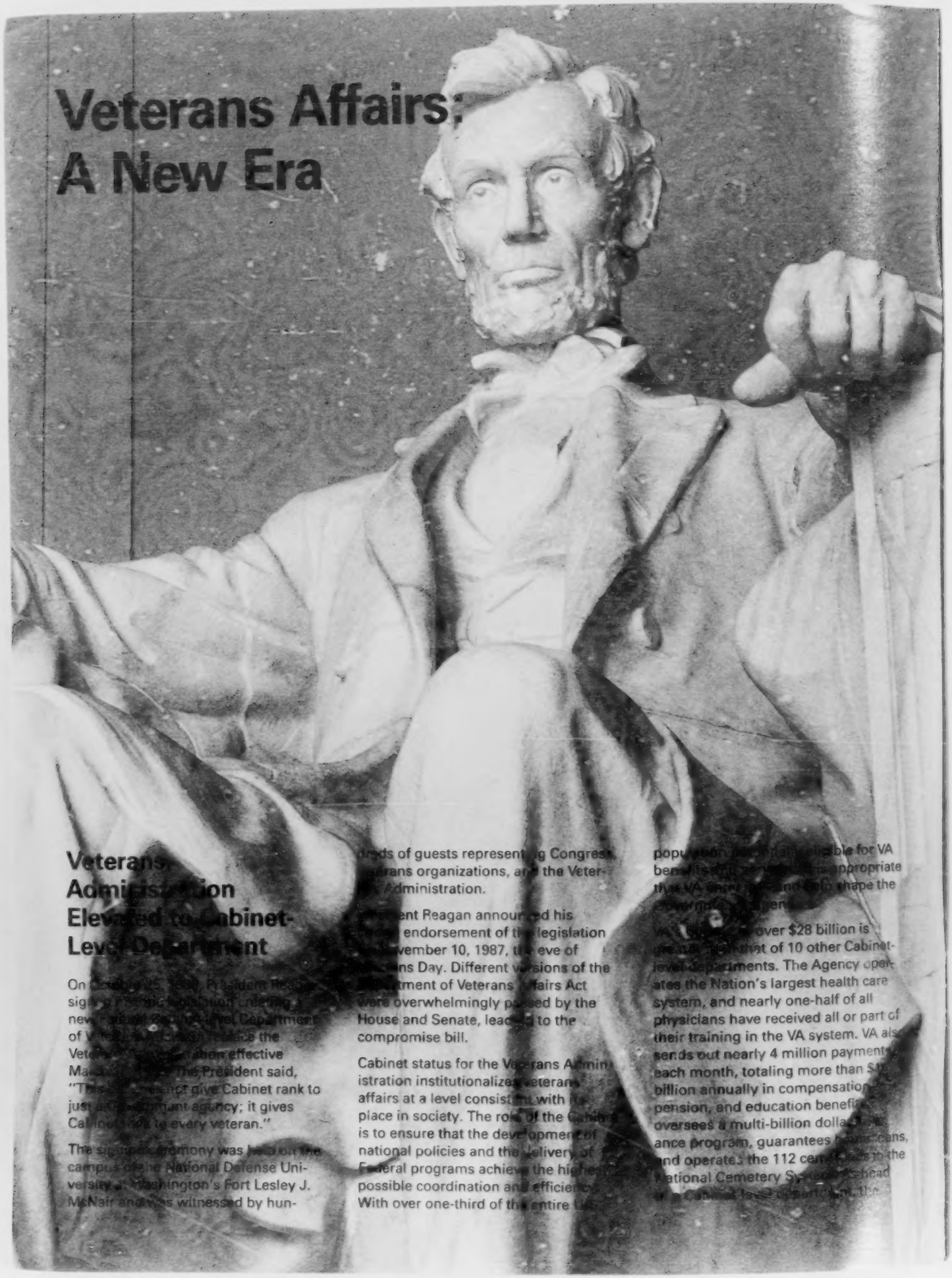
VA's family of employees, volunteers, and veterans advocates looks forward to continued service and further accomplishments on behalf of veterans and all the American people.

Sincerely,

EDWARD J. DERWINSKI

Secretary of Veterans Affairs

Veterans Affairs: A New Era



Veterans Administration Elevated to Cabinet-Level Department

On October 25, 1988, President Reagan signed a Presidential Proclamation ordering a new Federal Cabinet-level Department of Veterans Affairs to replace the Veterans Administration effective March 15, 1989. The President said, "This [act] will give Cabinet rank to just another department agency; it gives Cabinet rank to every veteran."

The signing ceremony was held on the campus of the National Defense University at Washington's Fort Lesley J. McNair and was witnessed by hundreds of guests representing Congress, veterans organizations, and the Veterans Administration.

President Reagan announced his strong endorsement of the legislation on November 10, 1987, the eve of Veterans Day. Different versions of the Department of Veterans Affairs Act were overwhelmingly passed by the House and Senate, leading to the compromise bill.

Cabinet status for the Veterans Administration institutionalizes veterans' affairs at a level consistent with its place in society. The role of the Cabinet is to ensure that the development of national policies and the delivery of Federal programs achieve the highest possible coordination and efficiency. With over one-third of the entire U.S. population [illegible] eligible for VA benefits, it is appropriate that VA [illegible] and help shape the [illegible] spending.

[illegible] over $28 billion is [illegible] that of 10 other Cabinet-level departments. The Agency operates the Nation's largest health care system, and nearly one-half of all physicians have received all or part of their training in the VA system. VA also sends out nearly 4 million payments each month, totaling more than $[illegible] billion annually in compensation, pension, and education benefits. It oversees a multi-billion dollar insurance program, guarantees home loans, and operates the 112 cemeteries in the National Cemetery System. [illegible] ahead [illegible] Cabinet-level department, the

Secretary of Veterans Affairs has close proximity to the President and other Cabinet members when significant issues of domestic policy are being developed. Cabinet status enables the Agency to better represent the VA's constituency and interact with the President and other Cabinet members to strengthen and preserve the integrity of all Government programs and policies.

As the 14th Department in the executive branch, the new Department of Veterans Affairs absorbs the activities of the Government's largest independent agency. With over 240,000 employees, the Department of Veterans Affairs ranks second in size to the Department of Defense.

Under the new law, the Department is headed by a Secretary of Veterans Affairs. Other principal officers of the Department include a Deputy Secretary and up to six Assistant Secretaries.

The legislation also calls for retaining the organizational structure of three major program areas—medical, benefits, and cemeteries—but with new designations. The former VA Department of Medicine and Surgery is renamed the Veterans Health Services and Research Administration headed by a Chief Medical Director; the Department of Veterans Benefits is renamed the Veterans Benefits Administration under a Chief Benefits Director; and the Department of Memorial Affairs is re-named the National Cemetery System with a Director as its principal official.

The Secretary, Deputy Secretary, Assistant Secretaries, General Counsel, Inspector General, and three major program directors are appointed by the President, subject to Senate confirmation.

The new law marks the first major reorganization of Federal veterans affairs responsibilities since the Veterans Administration was formed in 1930.

Judicial Review Legislation Enacted

Near the close of the 100th session, Congress passed legislation establishing a new U.S. Court of Veterans Appeals and providing for judicial review of Department of Veterans Affairs (VA) appellate decisions denying benefit claims. With the President's signature, Public Law 100–687 became effective November 18, 1988.

Prior to this legislation, the VA's Board of Veterans Appeals (BVA) had been, with limited exception, the final appellate authority on claims for veterans benefits. BVA appellate processes are designed to be nonadversary proceedings. Under the new judicial climate, VA will continue to assist veterans throughout the claims and appeals processes in a nonadversarial manner, with the added focus of ensuring the development of a documentary record that will withstand rigorous judicial review. For the VA in general, and the BVA in particular, this new focus will produce many changes to appellate practices.

The type of process changes anticipated in the BVA as a result of judicial review may increase some work requirements associated with the development of VA appellate decisions. Those appeals that will be filed with the new Court of Veterans Appeals after the VA appellate process has been completed are expected to result in additional VA work requirements on the part of the Veterans Benefits Administration, the Board of Veterans Appeals, and the General Counsel. Under the new statutory provisions, the VA General Counsel will represent the Department of Veterans Affairs in actions filed with the Court of Veterans Appeals. The workload connected with this representation requirement will be dependent upon the volume of appeals filed with the new court.

A host of additional changes of both a qualitative and a quantitative nature are anticipated. In the quantitative realm, for example, some growth in the overall number of appeals filed in the BVA system is expected. The publicity that has surrounded the judicial review issue may stimulate some extra appellate activity, and preliminary data on the number of appeals filed suggests that such an increase may already have begun. With increased attorney involvement, formal appellate hearing requirements also are expected to grow significantly, both in Washington, D.C., and in the field. Other changes of a qualitative nature are anticipated relative to the decision development processes that take place within the BVA. One such change foreseen is that BVA's written decisions themselves may become somewhat longer and more detailed due to requirements for recitation of evidence, findings of fact, and conclusions of law.

In addition to process changes, organizational changes to BVA's structure are expected. The judicial review legislation introduces a requirement that the Chairman of the Board of Veterans Appeals be appointed by the President, with the advice and consent of the Senate. Furthermore, BVA Board Member appointments will now be for limited terms as opposed to indefinite appointments.

Implementation of all of these process and organizational changes will pose new challenges to VA management. The operations of the new Court of Veterans Appeals are expected to commence around September 1, 1989, and the new appellate procedural rights extend, at a minimum, to all cases in which Notices of Disagreement have been filed on or after November 18, 1988.

Veterans Health Services and Research Administration

The Veterans Health Services and Research Administration is an integrated health care system committed to providing quality medical care to the Nation's veterans. VA's comprehensive network of health care facilities represents a broad spectrum of medical care, from large tertiary care medical centers to small primary care clinics, situated in diverse geographical locations across the United States.

During 1988, this network included 172 medical centers, 233 outpatient clinics, 119 nursing home care units, 27 domiciliaries, and 194 Vet centers. Over 1.1 million episodes of inpatient treatment were provided in VA health care facilities. In areas where VA facilities were not readily available, health care was provided under VA auspices in non-VA hospitals and nursing homes. Continued support was also provided to State veterans homes in 1988, in an effort to meet the needs of a growing population of aging veterans across the broadest possible geographical area.

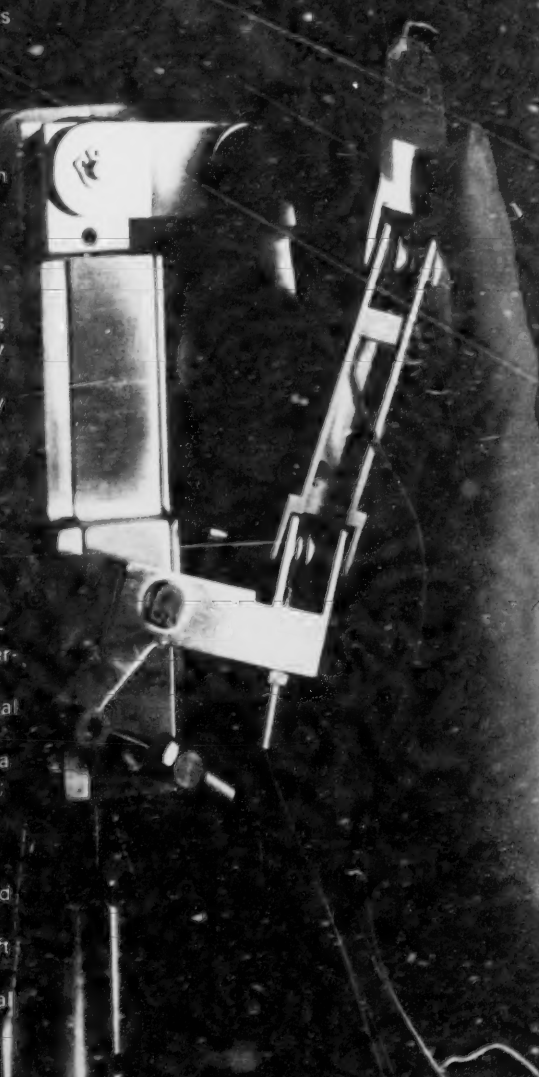
A wide range of ambulatory care services was provided through VA medical center clinics, free-standing independent and satellite clinics, small community-based clinics, and outreach programs. Over 21 million outpatient visits were made to VA facilities, with another 1.8 million to private physicians under VA authorization.

The Homeless Chronically Mentally Ill Veterans' Program, begun in 1987, successfully operated in 43 cities during 1988. The program, characterized by aggressive outreach, has become one of the largest mental health evaluation and treatment programs for the homeless in the Nation.

In 1988, VA also took a leadership role in the study and treatment of Acquired Immune Deficiency Syndrome (AIDS). A national AIDS program office was set up to plan for and to monitor AIDS activities. Six VA AIDS Research Centers were designated to initiate and coordinate AIDS research studies. Presently 36 projects are underway, with others anticipated in the coming year. All VA medical centers are now prepared to treat AIDS patients. Dedicated AIDS Clinical Units were opened during 1988 at the New York, Miami, San Francisco, and West Los Angeles VA Medical Centers. These clinical units are designed to provide the resources and creative climate necessary to improve the clinical care of AIDS patients while serving as models for other medical centers. The units provide a multidisciplinary team approach with coordination of inpatient and outpatient care for patients with diseases related to Human Immunodeficiency Virus (HIV).

Other efforts made by VA practitioners and researchers to ensure high quality health care during 1988 included the development and evaluation of quality assurance indices, and continued emphasis on clinical training, education, and research. Nearly 100,000 students from a variety of health care disciplines received clinical training in VA facilities.

A number of special awards were received by VA professionals in recognition of excellence in executive leadership, research, and medical practice. Among these awards were the National Medal of Science presented by President Reagan to Dr. Rosalyn S. Yalow, a VA researcher of international stature; the American Medical Association's Scientific Achievement Award presented to Dr. Harriet P. Dustan for her medical research in hypertension; and an American Hospital Association Award presented to Dr. Marie Ashcraft for her contributions as a Federal executive to the mission of the Federal health care system.



Quality of Medical Care Assessed

VA continued to make strides this past year in developing new quality assurance systems and methods and strengthening existing mechanisms already in place. Some activities were undertaken in response to statutory mandates while others are Veterans Health Services and Research Administration initiatives.

An occurrence screening program, which was implemented to supplement reporting of adverse incidents, should provide a major component of a comprehensive and systematic assessment of care at each VA medical center. A software module for the Decentralized Hospital Computer Program (DHCP) is being developed so that medical centers can regularly generate lists of cases which meet the screening criteria.

The VA health care system will be part of the multihospital survey project of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). One purpose of this project is to involve VA Region and Central Office elements in the survey process so that VA can better focus educational programs and management actions to assure future compliance. Approximately 50 VA medical centers were surveyed this year in 2 geographic regions. The JCAHO surveys cover VA medical centers, nursing homes, ambulatory care centers, hospices, and home care services.

The Medical District Initiated Peer Review Organization is a district-based physician and dentist peer review program incorporating assessments of patient care and resource utilization to assure that quality of care is maintained. Major activities started in FY 1988 include the establishment of pilot programs, in 8 of the 27 VA medical districts, for developing models to assess ambulatory and long-term care. Following an evaluation of the pilot programs and training for new staff, the programs will be operational in all medical districts by the end of FY 1989.

A major study to design a risk model for predicting surgical mortality is underway. This project involves the collection of data from medical records at a sample of VA medical centers; the data will be analyzed in order to define important risk factors associated with surgery. Once the risk model is tested and validated, the information will be integrated into the Surgical DHCP software module to provide relevant clinical information to VA surgeons and other health professionals about the quality of care being provided.

Ultrasonic Head-Controlled Wheelchair

VA researchers at the Palo Alto, California, VA Medical Center, have developed a device that enables a quadriplegic to use his or her head for controlling electrical and mechanical equipment. The device, known as an ultrasonic head-controlled interface (UHCI), can be used by a severely paralyzed person to operate an electric wheelchair, a communication aid, a video game, or a robotic arm. Because the device is inexpensive to manufacture, the outlook for mass production and widespread use is promising.

Many other control interfaces have been developed for use by severely disabled individuals, but all have drawbacks. Chin-operated joysticks may physically intrude upon the user, head wands may be socially objectionable, and eye-controlled units unduly restrict the user's gaze. The main advantage of the UHCI is that it requires no direct mechanical contact with the user's head or face, resulting in a more socially acceptable and cosmetically pleasing interface.

The device employs ultrasonic distance-ranging to determine the location of the head without actual physical contact. Two Polaroid transducers are mounted on an electric wheelchair frame and aimed at the rider's head. To use the UHCI, the user simply tilts his or her head forward or backward, left or right, just as he or she would in manipulating a joystick. The resulting control signals can be used to operate electrical or mechanical equipment.

Two UHCI-controlled electric wheelchairs have been in operation since 1983. One is being evaluated at the Spinal Cord Injury Center at Palo Alto. An evaluation performed with 10 quadriplegics found the UHCI was easier to use, less demanding in terms of concentration, and less tiring than conventional chin-controlled wheelchair controls.

A technical manual has also been compiled to enable other engineers to build UHCI's for their own applications. This manual is currently in the hands of 75 interested investigators around the world who are considering using the UHCI for research or commercialization.

Funds have been approved and a manufacturer has been selected to build four commercial prototype units for VA testing and evaluation. If the evaluation is favorable, the VA is expected to allow wheelchairs incorporating UHCI's to be prescribed for appropriate disabled veterans.

Voice Recognition Systems Evaluated

At the request of the Veterans Health Services and Research Administration, the VA's Office of Information Systems and Telecommunications has tested and evaluated an exciting new technology—Voice Recognition Systems. These systems will play a paramount role in accommodating the computer access needs of disabled veterans, especially for those individuals with an impairment of the upper limbs. The study has found that these systems could be used in lieu of the keyboard to operate a microcomputer and perform meaningful tasks using office automation and productivity improvement tools such as word processing, spreadsheets, and data bases.

Voice Recognition Systems operate on individual voice patterns which are first keyed into the application and then spoken into a microphone allowing the system to digitize the sound of the spoken word. The tested systems used between one and five different training passes to store each word. On the whole, the more training passes, the less sensitive the system appeared to be to variations in pronunciation of individual words by the system user. The results of this study were reported to the Prosthetics Technology Evaluation Committee in January 1988. It is anticipated that the general population will see the introduction of this new technology into the work environment within the next 2 years.

Not only will voice recognition systems provide a viable alternative for microcomputing for the disabled individual, but this technology can be expanded into the home environment. For example, lights, appliances, and telephones can be activated with a simple voice command. This new technology will be a liberating resource for the Nation's disabled veterans.

AIDS Program Office Established

In January 1988, the Veterans Health Services and Research Administration formally established the AIDS Program Office. The Office recommends policy and advises the Chief Medical Director to ensure an integrated clinical, educational, and research program on AIDS (Acquired Immune Deficiency Syndrome); serves as a clearinghouse for information on AIDS; maintains an AIDS reporting system and data base; serves as a liaison to VA offices, departments, and facilities and Federal, State, and local agencies on matters pertaining to AIDS; and responds to all communications and inquiries related to AIDS. The Office also provides staff support to the Chief Medical Director's Steering Committee on AIDS HIV (Human Immunodeficiency Virus) Infection, an advisory body of VA facility experts.

On May 20, 1988, the President signed Public Law 100-322, which addresses significant issues related to the care of patients infected with HIV in VA facilities. Pertinent sections of the law provide for special confidentiality protection for information related to the medical records of HIV-infected patients; prohibition of discrimination in the admission and treatment of HIV-infected patients in VA facilities; establishment of a system-wide program for the education and training of patients and personnel on the transmission and prevention of HIV infection; and the prohibition of widespread mandatory testing while encouraging voluntary testing of high-risk groups with mandated written informed consent and pre- and post-test counseling. Spouse and or sexual partner notification under certain circumstances and reporting of cases to public health authorities are authorized within the confidentiality restrictions.

The AIDS Program Office has continued to emphasize full implementation of universal precautions throughout the VA health care system in accordance with Centers for Disease Control (CDC) guidelines on blood and body fluid precautions and Occupational Safety and Health Administration (OSHA) requirements. In addition, policy and guidelines addressing AIDS in the workplace have been developed by VA's Office of Personnel and Labor Relations and are in the process of implementation. Office staff have been involved with a wide variety of educational efforts involving AIDS in the workplace as well.

Objectives of the AIDS Program Office for the ensuing fiscal year will include improvement of the AIDS HIV data base with development of a computer-based VA form for nationwide reporting of HIV infection and AIDS, participation in efforts to better define the costs of care for HIV-infected and AIDS patients to establish a reimbursement model for funding, continuing implementation of universal precautions to meet all OSHA requirements related to AIDS, as well as serving as a source of information and consultation to VA Central Office and medical center staff on issues related to AIDS and HIV infection.

VA Physician Co-Chairs AIDS Conference

The Sixth International Conference on AIDS will be held in San Francisco, California, June 20–24, 1990. Approximately 10,000–15,000 participants from the U.S. and around the world are expected to attend.

The Conference will feature plenary lectures, workshops, roundtable discussions, and poster sessions. The three themes that will be woven into the 5-day conference will be basic science, clinical science and epidemiology, and AIDS prevention and social science. Approximately 5,000 abstracts are expected to be submitted for the conference.

Serving as co-chairs are: John Ziegler, M.D., Associate Chief of Staff for Education, San Francisco VA Medical Center, and Professor of Medicine, University of California at San Francisco; and Paul A. Volberding, M.D., Associate Professor of Medicine, University of California at San Francisco, and AIDS Program Director, San Francisco General Hospital.

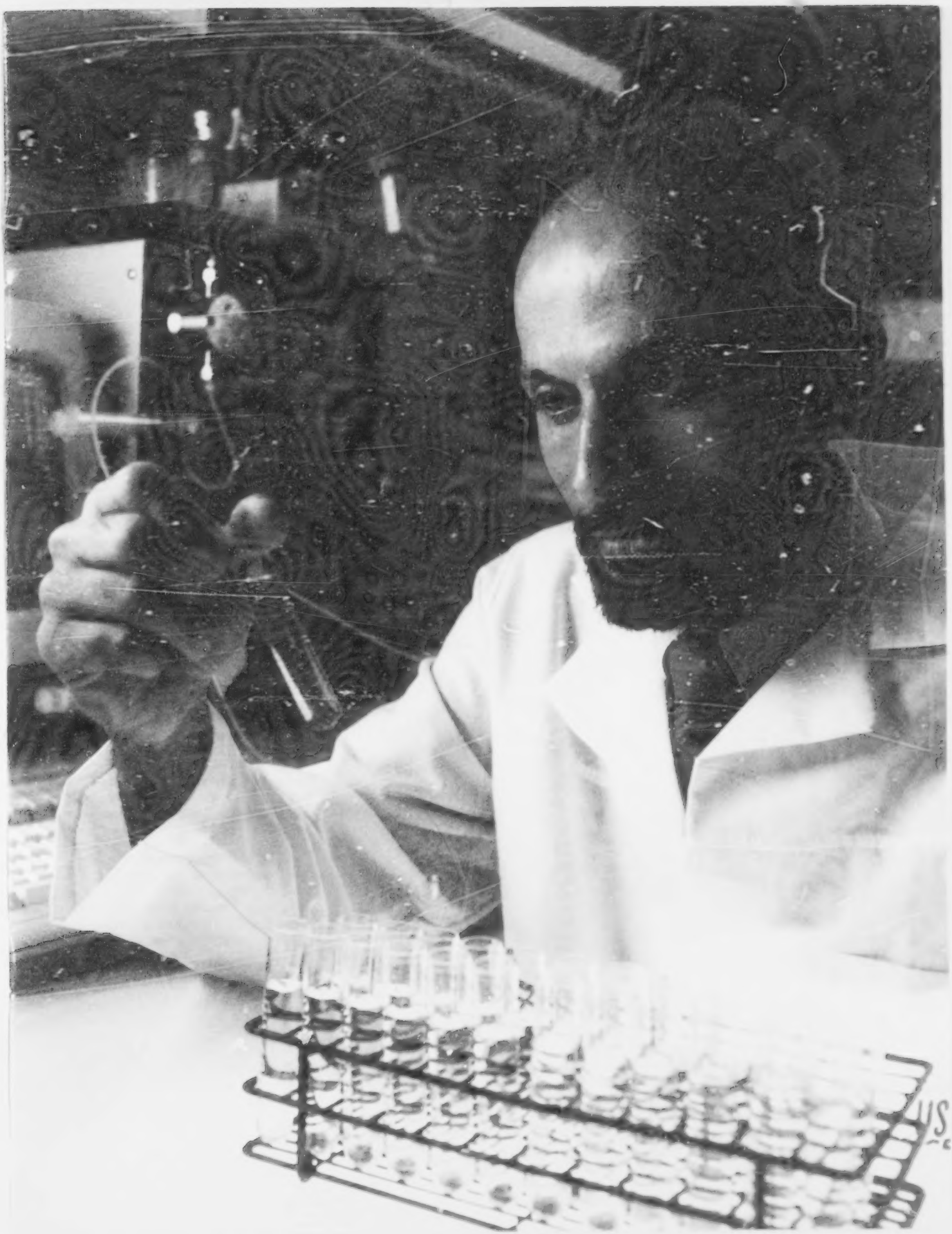
The sponsoring agencies are the University of California at San Francisco, the City of San Francisco, the American Foundation for AIDS Research, the World Health Organization (WHO), and the International AIDS Society.

AIDS Research

VA researchers continue to be actively involved in a wide range of studies aimed at understanding and improving the treatment of HIV infection. A clinical trial is continuing to evaluate the efficacy of zidovudine (formally azidothymidine or AZT) in veteran patients infected with HIV who have not yet developed the severe immune deficiency of AIDS. This study, which is expected to provide preliminary results in 1989, will indicate whether AZT can prevent or slow the progression from AIDS Related Complex to AIDS.

Effective April 11, 1988, the VA established three additional AIDS Research Centers, bringing the total number of such centers to six. They are located at Baltimore, Maryland; Durham, North Carolina; Houston, Texas; New York, New York; San Diego, California; and San Francisco, California. Recurring funding of approximately $150,000 plus a director's salary will be provided to each center for 5 years in addition to one-time equipment construction monies.

Each program, when fully operational, will be made up of 10 or more individual research projects which will be coordinated by an experienced director. The center concept will help VA recruit new investigators with the latest scientific knowledge and techniques. At each center location, a staff of basic and clinical scientists will direct research efforts to different phases of HIV and AIDS.



Outreach to Homeless Veterans

The Homeless Chronically Mentally Ill (HCMI) Veterans Program combines a long VA tradition of care for sick and homeless veterans with a practical, community-based approach to an expanding national problem. The program is one of the largest mental health evaluation and treatment programs for the homeless in the Nation.

Integrating community outreach, case management, and residential rehabilitation is allowing the HCMI program to reach veterans who might not otherwise receive treatment and to produce positive clinical results in a group long known for its unresponsiveness to treatment and rehabilitation.

Currently in operation in 43 urban and rural cities in 27 States, the HCMI program contacts homeless veterans through aggressive outreach, which involves a joint effort between local public agencies, volunteer organizations and coalitions that work with the homeless, and VA outreach workers. VA workers spend time on the streets, in soup kitchens, and in shelters, talking with the homeless and conducting intake assessments in an attempt to identify the clinical needs and eligibility of veterans for VA care.

More specialized medical and psychiatric assessments are conducted at VA medical centers. Treatment for medical, psychiatric, and substance abuse problems is initiated, based on the individual needs of veterans. Veterans are directly treated by the outreach clinicians and are referred to VA or non-VA residential health care providers as needed. Placement in local non-VA residential treatment facilities for rehabilitation is provided to homeless veterans who require treatment that will allow them to return to the community and avoid future homelessness. Outreach clinicians also serve as case managers and follow-up on veterans provided care in these community-based facilities.

During the 10 months after the program was initiated in May 1987, 10,529 homeless veterans were contacted and evaluated, and approximately 15 percent were placed in residential treatment programs at community-based facilities. More than 60 percent of the veterans had been hospitalized in the past for substance abuse or psychiatric problems, almost one-half suffered from significant medical problems, and more than 70 percent had been homeless for more than 1 month.

While all 43 sites were closely monitored and required to provide detailed data on each veteran contacted during the first year, 9 sites continue to gather and report detailed data each quarter on the treatment status of each veteran they contact. These data will eventually identify both the most effective services and those which require change.

Golden Age Games

More than 200 of America's older veterans competed at the Third National Veterans Golden Age Games in Marion, Indiana, in the fall of 1988.

The games, sponsored by VA and the Disabled American Veterans, followed regional competitions held at various VA medical centers throughout the Nation.

Veterans representing nearly 50 VA medical centers participated in such events as swimming, bicycling, bowling, horseshoes, croquet, and table tennis.

The games demonstrate the positive health potential of many older veterans who are receiving VA medical care. They are a vital part of VA's total health care program for improving the quality of life for veteran patients.

Participants in this year's competition included a married couple from Colorado and veterans from California and Georgia who won gold medals in previous games. The oldest entrant was a 93-year-old veteran from East Orange, New Jersey. Among those lighting the torch at the opening ceremony was Grace F. Thorpe of Yale, Oklahoma, daughter of the legendary 1912 Olympic champion Jim Thorpe. She is a World War II veteran.

National Veterans Wheelchair Games

VA and the Paralyzed Veterans of America (PVA) sponsored the Eighth National Veterans Wheelchair Games at Northside Stadium in San Antonio, Texas, from June 28–July 2, 1988. The event is the largest wheelchair sports competition in the Nation.

The National Wheelchair Games is one of many programs designed by the VA to improve the overall quality of life for disabled veterans. Recreation and sports therapy play a key role in the rehabilitation of veteran patients in VA hospitals across the Nation.

The Games are a multi-event sports competition open to all military service veterans who use wheelchairs for mobility due to spinal cord injuries, certain neurological problems, or amputations. In 1987, 392 veterans representing 35 States and Puerto Rico competed in the Games held at the University of Michigan in Ann Arbor.

The annual event is part of VA's and PVA's commitment to provide a full range of opportunities for veterans with disabilities. While past wheelchair games have included a number of national and world-class champions, newly-disabled veterans are also encouraged to enter to gain sports skills and to be exposed to other wheelchair athletes. Competitive events include a variety of track and field contests, swimming meets, weightlifting, table tennis, archery, and many other sports activities adapted to wheelchair users.

The VA has a long history of involvement in recreation therapy and the incorporation of sports and recreation activities into rehabilitation programs for disabled veterans. PVA is a congressionally-chartered veterans service organization with 13,500 members, all of whom have catastrophic paralysis caused by spinal cord injury or disease. Congress has given its support to these efforts through the enactment of legislation, section 132 of Public Law 100-322, which specifically authorizes VA to assist any service organization in providing national recreational activities such as the Wheelchair Games.

Winter Sports Clinic

The VA sponsored the Second National VA Winter Sports Clinic, February 21–28, 1988, at Colorado's Powderhorn Ski Area. Over 130 disabled athletes competed in 6 days of training and sports skills development.

The winter games are open to veterans with visual impairments, spinal cord injuries, certain neurological conditions, orthopedic amputations, and other disabilities. Registration packages are distributed to all VA Medical Centers and first priority is given to inpatients or outpatients at VA facilities. Transportation costs for participants are usually borne by the individual medical centers and additional support is provided by various veterans service organizations.

The clinic consisted of 3 days of ski lessons and training and 3 days of sponsored, self-directed alternate activities. The clinic is designed to teach disabled veterans adaptive ski techniques developed by Colorado Discover Ability, the ski school for the disabled at Powderhorn.

Instruction is geared toward individual skill levels and is based on ability. The purpose of the clinic is to promote rehabilitation, physical fitness, and exercise.

Participants have a chance to develop winter sports skills and take part in other adaptive sports and activities. Sponsored activities include aerobics, swimming, archery, basketball, fishing, bowling, and self-defense workshops. Additional alternate activities include scenic air tours, snowmobiling, and hot air balloon rides.

VA Honors 100th Anniversary of State Veterans Homes

VA and the National Association of State Veterans Homes observed the 100th anniversary of the State Veterans Home Grant Program on February 22, 1988.

The anniversary signaled 100 years of cooperation between the Federal Government and individual State governments to help veterans who need hospital, nursing home, and domiciliary care.

The Washington, D.C., observances included an evening reception sponsored by the Disabled American Veterans, the Military Order of the Purple Heart, and the Paralyzed Veterans of America. Guests at the reception included State governors, Members of Congress, and representatives of veterans service organizations.

Congress in 1888 established the State Veterans Home Program which provides Federal financing to individual States to construct and operate homes. Before the program was established, some States had independently built homes to meet the needs of Civil War veterans, patterned after the homes built by the Federal Government for Union soldiers and sailors.

The State Veterans Home Program has since grown from 11 homes in 11 States in 1888, to 55 homes in 35 States today.

VA, in addition to maintaining a Federal network of hospitals, nursing homes, and domiciliaries for veterans, supports State veterans homes as part of its effort to meet the needs of a growing population of aging veterans.

VA support of the program amounts to as much as 65 percent of the cost of constructing new domiciliary and nursing home buildings or renovating and expanding current facilities. In addition, VA provides the States regular payments to defray the cost of caring for veterans in State homes.

In fiscal year 1988, VA provided State home support amounting to $48.2 million in construction grants and $78.4 million in veteran support payments.

MEG Technology Explored

The VA Medical Center, Albuquerque, New Mexico, will soon become one of a small number of facilities where the diagnostic potential of magnetoencephalography (MEG) will be explored. MEG is a relatively recent technology that measures the magnetic fields of the brain. The advantage of this technology over electroencephalography results from the fact that the magnetic fields are not distorted by brain tissue. Thus MEG appears to be a powerful tool to localize brain function and abnormality of function. This technology is now at a stage of development where it is being applied to medical problems such as strokes, seizures, brain tumors, and visual and auditory problems.

The construction and operation of the MEG facility at the VA Medical Center, Albuquerque, is being supported, in part, by the Medical Research Service. This support is viewed as an investment in technology assessment and in providing a unique resource for future medical research on diagnostic procedures.

Health Professional Scholarships Announced

VA has announced that a total of $7.5 million dollars is available in scholarships to nursing and physical therapy students for the 1989–90 school year.

Awards are for third- and fourth-year students in baccalaureate nursing or physical therapy degree programs, and students in master's degree programs in specialties needed by the VA.

VA is the Nation's largest single employer of registered nurses, and currently employs some 34,000 registered nurses in its health care system. The scholarship program is a valuable and effective supplement to VA's overall nursing and allied health professions recruitment efforts.

The Secretary has the authority to name other VA shortage health professions to the Scholarship Program in future years.

In response to the shortage of physical therapists, the Scholarship Program was opened to physical therapy students for the 1988–89 school year. It is anticipated that the program, in combination with VA's other recruitment programs, will alleviate shortages of physical therapists in the VA.

Recipients are provided tuition, educational expenses, and a stipend of $621 a month. In exchange, participants agree to serve a minimum of 1 year as a full-time licensed health care professional for each year or portion thereof for which a scholarship is provided. The program, which began in 1982, has awarded 1,432 full-time scholarships so far.

Portland Replacement Hospital Opened

On February 25, 1988, the VA opened its new replacement hospital building in Portland, Oregon. The new 11-story, 490-bed facility will be able to better serve the 303,000 veterans who live in the hospital's primary service area, which encompasses 23 counties in Oregon and 7 counties in southwest Washington.

The new 776,000 square-foot facility has 10 operating rooms with 15 recovery beds, 32 intensive care beds, and 15 radiology rooms, including a CT scanner room. An adjacent six-story office/research building has the upper three stories devoted to medical research, with the lower three stories containing administrative functions.

The medical center is affiliated with the Oregon Health Sciences University; 90 percent of the 106 physicians on the medical center staff have teaching positions at the University. The hospital will also be used for the yearly training of 360 medical students and 400 residents.

A final phase for the demolition of existing buildings, sitework, construction of a parking structure, and landscaping is presently under design, and a construction contract award is scheduled for the fall of 1989.

Veterans Benefits Administration

The Veterans Benefits Administration (VBA), through its counselors at more than 200 locations, is normally the first contact a veteran has with VA.

While primarily tasked with administering VA's nonmedical programs, the VBA also assists in initiating requests for VA medical treatment, [illegible]erment in national cemeteries, and [illegible]vices provided by other Federal agencies along with those by State and local governments. Major VA programs offered are compensation, pensions, education, home loan guaranty, life insurance, vocational rehabilitation, burial benefits to the veteran, and survivors' benefits to family members.

VBA operates through a network of 58 regional offices, with at least one in each State, the District of Columbia, Puerto Rico, and the Philippines. Eight of the offices are combined with VA medical centers. Two others serve a dual role as regional offices and insurance centers.

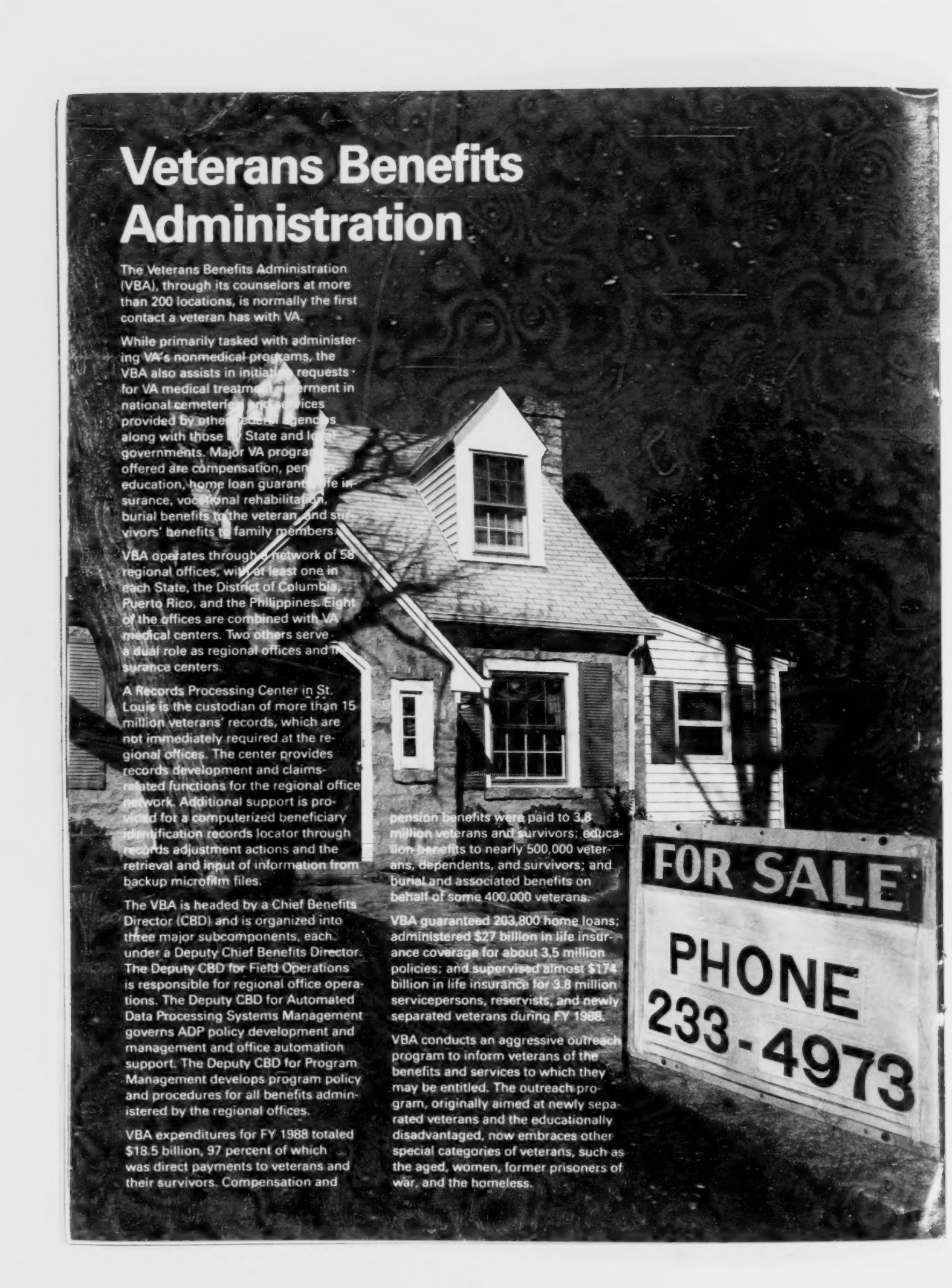
A Records Processing Center in St. Louis is the custodian of more than 15 million veterans' records, which are not immediately required at the regional offices. The center provides records development and claims-related functions for the regional office network. Additional support is provided for a computerized beneficiary identification records locator through records adjustment actions and the retrieval and input of information from backup microfilm files.

The VBA is headed by a Chief Benefits Director (CBD) and is organized into three major subcomponents, each under a Deputy Chief Benefits Director. The Deputy CBD for Field Operations is responsible for regional office operations. The Deputy CBD for Automated Data Processing Systems Management governs ADP policy development and management and office automation support. The Deputy CBD for Program Management develops program policy and procedures for all benefits administered by the regional offices.

VBA expenditures for FY 1988 totaled $18.5 billion, 97 percent of which was direct payments to veterans and their survivors. Compensation and pension benefits were paid to 3.8 million veterans and survivors; education benefits to nearly 500,000 veterans, dependents, and survivors; and burial and associated benefits on behalf of some 400,000 veterans.

VBA guaranteed 203,800 home loans; administered $27 billion in life insurance coverage for about 3.5 million policies; and supervised almost $174 billion in life insurance for 3.8 million servicepersons, reservists, and newly separated veterans during FY 1988.

VBA conducts an aggressive outreach program to inform veterans of the benefits and services to which they may be entitled. The outreach program, originally aimed at newly separated veterans and the educationally disadvantaged, now embraces other special categories of veterans, such as the aged, women, former prisoners of war, and the homeless.



Education Benefits for 20 Million Veterans

A major milestone in the 44–year history of VA's education benefits was observed with a ceremony on on Capitol Hill on September 22, 1988, recognizing the 20 millionth GI Bill participant.

Steven C. Scott of Canton, Ohio, a junior at Ohio State University, was honored at the ceremony, which was attended by the House Veterans Affairs Committee Chairman, Representative G.V. (Sonny) Montgomery (D-Miss.), and Administrator of Veterans Affairs Thomas K. Turnage. Mr. Scott is attending school under the Montgomery GI Bill, one of the current VA education assistance programs.

Since 1944, the VA has delivered $69.7 billion in assistance to veterans, dependents, and active duty members. GI Bill benefits have covered such education and training programs as college, graduate studies, technical schools, apprenticeships, and on-the-job training.

Participants in GI Bill education programs include 7.8 million World War II veterans; 2.4 million Korean conflict veterans; 8.1 million Vietnam era veterans and active-duty service personnel (this program ends December 31, 1989); 168,000 in the peacetime Veterans' Educational Assistance Program (VEAP); 1.1 million in the Vocational Rehabilitation Program; 481,000 dependents of deceased and disabled veterans; and 513,000 in the Montgomery GI Bill Program.

Education Assistance Attracts Reservists

VA provided education benefits to more than 100,000 military reservists during the first 3 years of a new assistance program for National Guard and Reserve members.

The benefits are authorized by the Montgomery GI Bill, which also provides educational assistance to veterans and active duty servicemembers. The program is funded by the Department of Defense and administered by VA.

The program provides up to $5,040 to eligible reservists for 36 months of college studies. For the first time, members of the Army, Navy, Air Force, Marine, and Coast Guard Reserves and the Army and Air National Guards are eligible for VA education benefits.

Vocational Training Increases Veterans' Pay

Disabled veterans who successfully complete vocational rehabilitation training are apt to increase earnings more than five-fold, according to a VA review of annual income levels of more than 2,300 veterans.

The survey found that veterans with an average income of $2,765 per year before entering training boosted their incomes to an average of $15,586 after training.

The VA's vocational rehabilitation program provides services and assistance necessary for disabled veterans to achieve independence in daily living, to be trained in employable skills, and to obtain and maintain suitable employment.

Legislation Relaxes Downpayment Requirements, Increases Entitlement

Legislation signed by President Reagan has allowed VA to relax downpayment requirements in the sale of certain homes acquired by VA through foreclosure.

The Veterans' Home Loan Program Emergency Amendments provides VA with authority to reduce or waive the 5 percent downpayment requirement on the purchase of VA-owned properties when it is determined necessary to market these properties competitively.

In restoring VA's flexibility to determine downpayment requirements, the Congress responded to public opposition to the original legislation, particularly in several parts of the country. Regional office staffs determine downpayment levels on individual properties, based on local market conditions and general policy guidelines issued by the Administrator.

The measure also corrected a technical error in earlier legislation where the amount of a veteran's prior use of "entitlement" or loan guaranty benefits was subtracted from the potential guaranty on a new loan, and any remaining entitlement was forfeited by the veteran.

Previously, a veteran had a maximum entitlement of $27,500. The amount of entitlement used on any loan was limited to 60 percent of the amount of the loan guaranteed by the VA, up to a maximum of $27,500. If a veteran did not use the entire $27,500 on a single loan, the remaining amount was available for future use.

When legislation changed the guaranty calculations, the "bank of entitlement" of $27,500 was deleted and the guaranty was based on a percentage of the loan, depending on the amount of the loan. The amendment reinstituted the "bank of entitlement" and increased it to $36,000. Now, a veteran receiving a loan with a $22,500 guaranty has a remaining entitlement of $13,500 available for use on future loans.

Military Medical Records Received by VA

Partial military treatment records from the National Archives and Records Administration may enable some Army veterans of World War II and the Korean conflict to file for VA disability compensation.

The medical records were returned to the National Archives by the National Research Council, a private organization that made an analysis of Army hospital records in the 1950's. The computerized information reflects battle injuries treated in Army hospitals and a sample of hospitalizations for other reasons.

The information totals about 10 million Army medical treatments from 1942 to 1945 and from 1950 to 1954. These records could help fill a gap created when a 1973 fire destroyed millions of military files at the National Personnel Records Center in St. Louis.

With this new information, the VA hopes to assist veterans whose earlier claims may have been denied because no record was available to confirm treatment during military service.

Project Enhances Modernization

In furthering its commitment of quality service to America's veterans and their families, VA implemented a Model Station Project in 1988 at the Philadelphia Regional Office and Insurance Center and the Cleveland Regional Office.

The project continues a tradition in VA of improving the quality of its benefits delivery system through expanded use of automation. The Model Station Project expedites certain automated data processing initiatives by focusing all necessary resources in one organization.

VA introduced data processing into delivery of compensation, pension, and insurance benefits in 1960, vocational rehabilitation in 1962, and education programs in 1966. The Beneficiary Identification and Records Locator System was introduced in 1968, at the same time VA was pioneering use of Optical Character Recognition technology.

The Model Station Project is designed to facilitate quick implementation of certain short-range ADP initiatives by providing an environment of flexibility. In addition to ADP, other resources include personnel from Central Office and the field as well as people with technical backgrounds and benefit program knowledge.

The Philadelphia Center has the benefit of its co-location with Office of Information Systems and Telecommunications employees of the Philadelphia Data Processing Center. Also present is a Veterans Benefits Administration staff member from ADP Systems Management. This combined support assists project teams during initial testing of each initiative.

In contrast, the Cleveland team receives an ADP initiative with no technical support. By evaluating both sites, project teams are able to test not only the application, but the quality of user instructions.

The first initiative tested was Local Access to Centralized Accounting for Local Management (CALM). This initiative allows accounting employees to enter information needed to pay bills on a Wang terminal, eliminating the need for code sheets and the task of teletyping information to the Austin Finance Center. Both Philadelphia and Cleveland are using the results of this initiative.

Insurance Service via Toll-Free Telephone Call

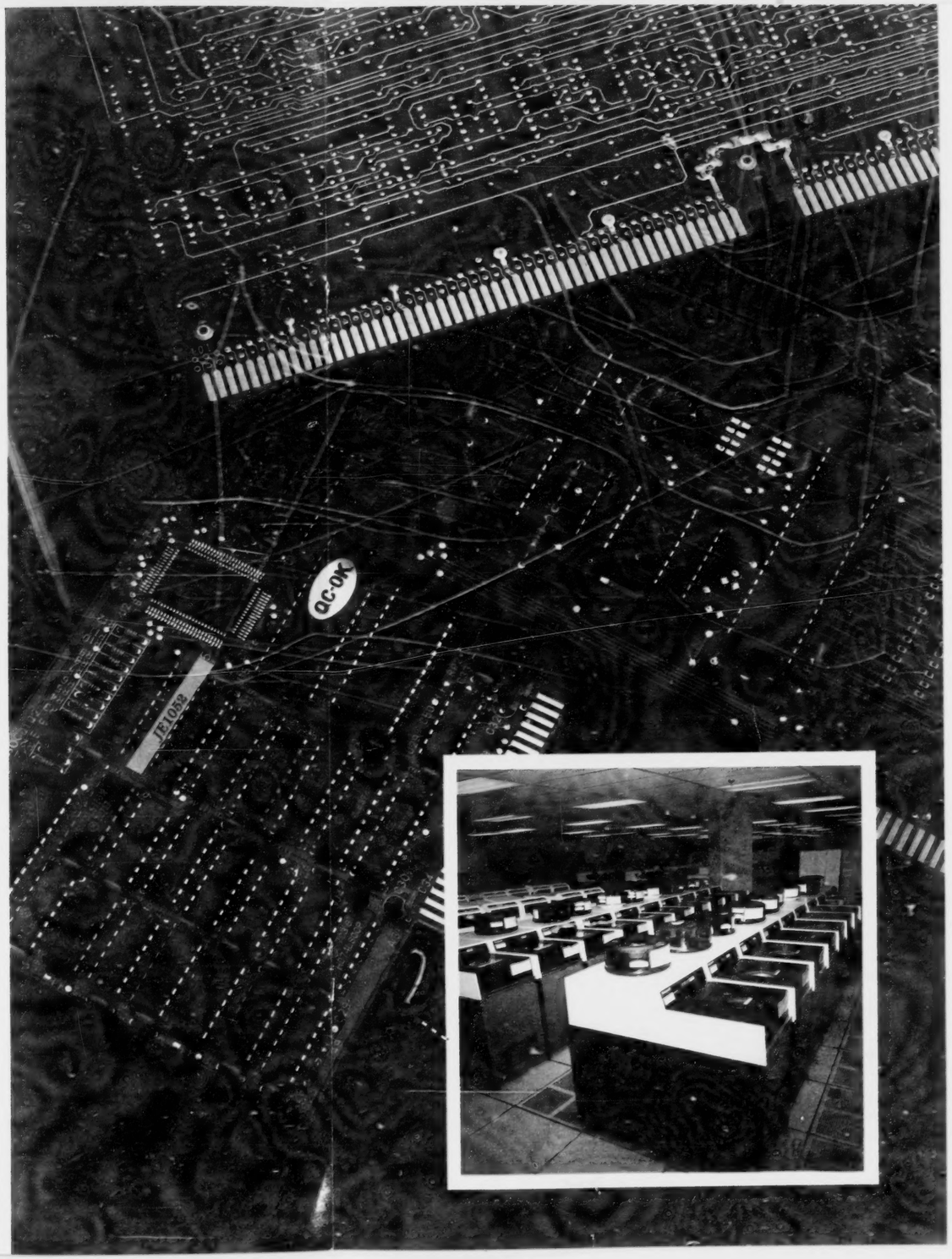
Veterans and dependents with questions about Government life insurance policies can telephone a VA insurance specialist toll-free at the VA Regional Office and Insurance Center in Philadelphia.

Most insurance policyholders and beneficiaries can obtain immediate service on address or policy changes and dividend information. The number is 1-800-422-8079. Employees staffing the Veterans Insurance Phone Section (VIPS) have undergone extensive training in technical insurance procedures, telephone techniques, and interpersonal skills.

Call volume has increased tremendously since the inauguration of the service in April 1988. By October, the center was averaging about 2,800 calls per day, up from an average of 350 calls per day prior to implementation of the service. About 70 percent of the calls are resolved immediately, with no followups or post-call work required. Another 25 percent are completed following the call. Only about 5 percent of the calls need to be referred to operating divisions in Philadelphia or St. Paul.

In addition to the improved service, monetary savings are anticipated. It is less expensive to reply to a telephone inquiry than a written inquiry. A shift has started from "mail-order" to a telephone operation. In October 1988, the center received 29,144 pieces of non-project policy service mail, a decrease of 29 percent from the 41,205 pieces received during October 1987.

The VIPs operates from 8 a.m. to 5:30 p.m., eastern time. After-hour callers hear a recording asking them to call back during business hours. The number of these after-hour calls are monitored and an extension of the hours of operation will be considered if warranted.



Policy Changed to Assist Pensioners

A change in VA regulations allows pension beneficiaries to receive monthly payments if less frequent payments cause loss of other Federal benefits.

VA makes pension payments on a monthly basis only if the amount of the annual benefit is more than $228. Pension checks are sent quarterly if the annual amount is $144 to $228; semi-annually if the amount is $72 to $144; and annually if the amount is less than $72.

An unintended result of the consolidated payments is possible denial of other Federal benefits based on income, such as Medicaid, for the month in which the VA payment is received.

To avoid this result, VA amended its regulations to allow pension beneficiaries to request monthly payments. The request must be renewed each year and must indicate which Federal benefit eligibility is in jeopardy.

Folderless Files Make Debut

The long-awaited dream of eliminating much of the paperwork that accompanies claims processing within VA is approaching.

The Department is in the vanguard of organizations using new optical disk technology. In a test mode for about 2 years, the modernization project began to bear its first fruit in 1988, concurrent with first applications for VA's newest educational assistance program—the Montgomery GI Bill.

Given the potential of optical disk technology, VA began planning for a prototype system at its St. Louis, Missouri, Regional Office in early 1985. The primary goal was to determine the feasibility and cost-effectiveness of such technology across VA.

The prototype system in St. Louis is the largest and most advanced workload allocation optical disk system in the Federal Government. Each disk can store information previously stored on up to 50,000 pieces of paper.

National Cemetery System

The National Cemetery System (NCS) is responsible for operating 112 national cemeteries; providing headstones and markers for the graves of veterans buried in national, State veterans, and private cemeteries; and administering a grants program to aid the development of State veterans cemeteries.

During fiscal year 1988, NCS performed 56,216 national cemetery burials, up 4.8 percent over the previous year; provided 293,039 grave monuments, a record number; and committed $1.3 million to 5 States and the Territory of Guam to establish or improve State veterans cemeteries.

Of the three major VA program areas, NCS is the smallest in budget ($47.2 million) and staff (1,202), and newest in organization. FY 1988 marked NCS's 10th year as an operating element of VA and 15 years since the National Cemetery System came to VA (from the Department of the Army). Nevertheless, NCS administers some of the most longstanding benefits for veterans. The National Cemetery System was established in 1862 to provide for proper burial of soldiers who fought in the Civil War.

The National Cemetery System comprises 112 national cemeteries in 38 States and Puerto Rico. At the end of FY 1988, 67 of them were open for casketed interments in new gravesites. The others had reached capacity.

NCS has a Central Office staff, including two support elements, Monument Service and Field Operations Support Service, and three field supervision units, National Cemetery Area Offices in Atlanta, Denver, and Philadelphia.

An ad hoc Advisory Committee for Cemeteries and Memorials provides oversight and advice on NCS programs to the Secretary.

Remains of Soldiers from War of 1812 Laid to Rest

Members of the 3rd U.S. Infantry—which traces its history to the War of 1812—flanked 28 caskets at Bath, New York, National Cemetery on June 30, 1988. They were part of the first repatriation ceremony held between Canada and the U.S.

The remains of 28 American soldiers killed in that war were taken from Canada to the national cemetery for burial the next morning.

At the cemetery, Wilfred Ebel, Director of the National Cemetery System, unveiled a memorial "to the memory of those American fighting men who lost their lives in the Niagara Campaign of the War of 1812." Part of the inscription continues, "They gallantly withstood and ultimately broke a British siege of their fortifications."

At the Fort Erie, Ontario, ceremony, U.S. Ambassador to Canada Thomas Niles compared a year-long effort to recover these soldiers to the American government's search for those lost in Southeast Asia.

Recovery of the remains and the decision on where to bury them were made by the U.S. Army. Army historians estimated that many of the war dead were from central New York. It was a major factor in choosing Bath as the final resting place.

The remains were discovered a year earlier at a Fort Erie construction site. They were buried in 28 graves with headstones inscribed "unknown."

New National Cemetery Serves Growing Florida Veteran Population

The VA dedicated its 112th national cemetery on the 1988 Memorial Day weekend at Bushnell in central Florida. (The only other Florida national cemetery with available burial space had been in the state's northwest panhandle at Pensacola.) Administrator Thomas K. Turnage officiated, along with Governor Bob Martinez and congressmen serving the area.

The new cemetery is equidistant between Orlando and Tampa. It opened with 125 acres fully developed and burial space expected to serve the growing veteran population of central Florida until 1998. When fully developed, the cemetery will consist of 400 acres with capacity well beyond the year 2030.

A unique feature is the preservation of much of the natural landscape of the State forest in which Florida National Cemetery is built. The judicious planning of roads and buildings spared many trees and shrubs. The tract was donated to the VA by the State of Florida. Another feature is a memorial trail where veterans and other organizations can place memorials to their members. Benches for rest and meditation are provided.

Studies of Possible New Cemetery Sites Begun

The groundwork for four possible additional national cemeteries was laid in 1988 by a congressionally-enacted continuing resolution, which directed the VA to conduct environmental impact studies at four locations. The metropolitan areas where potential sites are to be examined are Chicago, Cleveland, Seattle/Tacoma, and Albany.

The National Cemetery System and VA's Office of Facilities began the careful process of site selection with public solicitations of suitable available property. After viable land offers are reviewed and narrowed, they will receive detailed studies leading to publication of environmental impact statements.

NCS identified a "veteran population focal point" in each of the four metropolitan areas to help define the geographic range of consideration that will permit serving the most veterans.

Completion of the environmental impact studies does not commit the VA to build the cemeteries; separate construction funding will have to be approved by Congress.

These four cities were among those found to be in most need of veterans' burial space in a report to Congress which VA prepared in 1987. The report addressed the ability of the National Cemetery System to meet future demands for burial.

Woodlawn Reopens

Woodlawn National Cemetery, Elmira, New York, which had reached capacity in 1969, was reopened in August 1988 with a rededication ceremony, thanks to donations from local citizens.

A committee comprised of representatives of the veterans organizations of Chemung County raised funds to purchase 2.8 acres from the City of Elmira.

The cemetery should provide burial space until the late 1990's with the addition of approximately 1,300 graves.

Approximately 200 graves were prepared initially, and the rest of the development and construction is expected to be finished by spring 1989.

The cemetery was originally opened to inter the remains of Confederate soldiers imprisoned in Elmira.

Valor Awards Inscribed on Grave Monuments

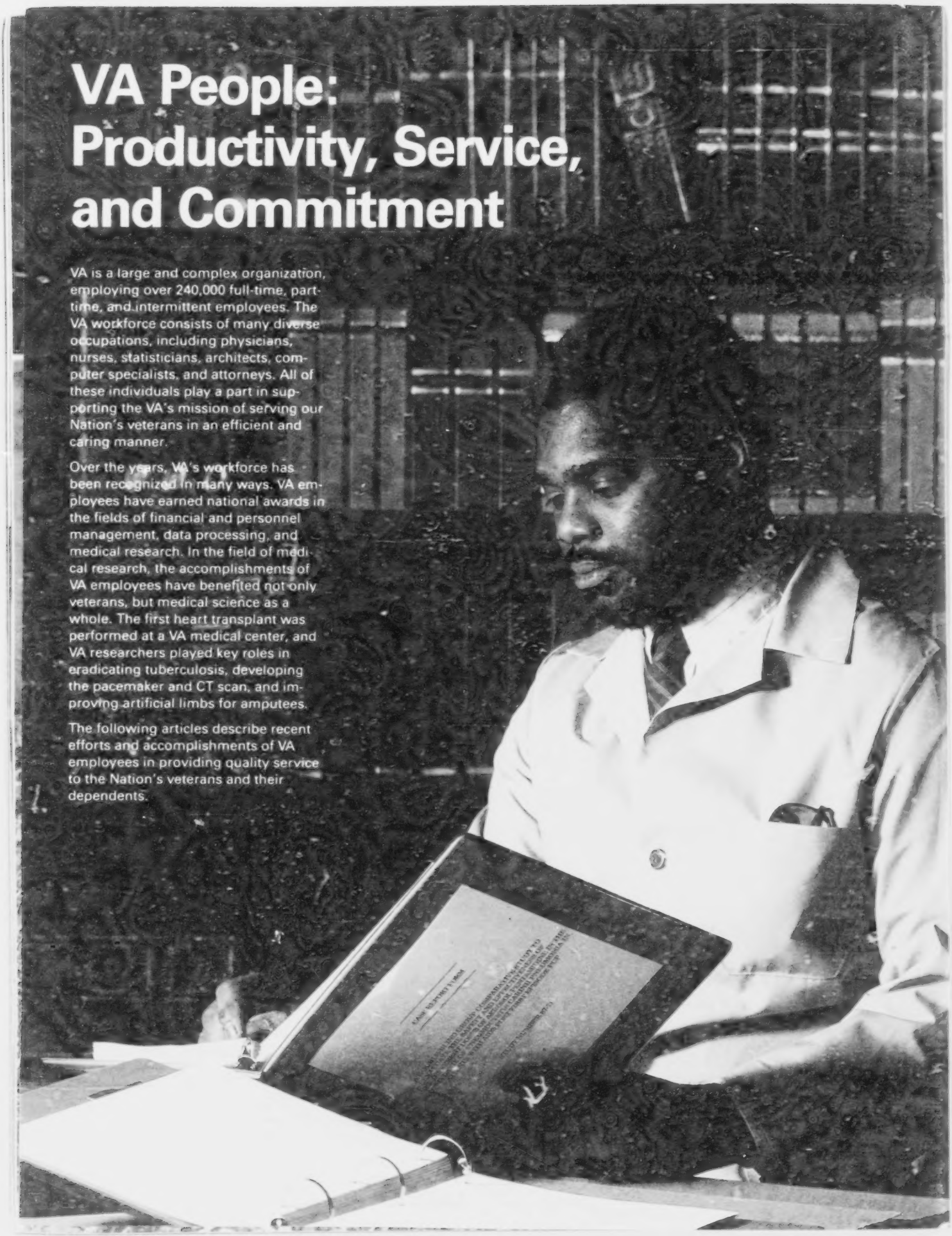
The National Cemetery System's Monument Service has begun inscribing several military awards for valor, as well as the Purple Heart, at no charge to next-of-kin. Going beyond the highest-ranking award for unusual gallantry, the Medal of Honor, which NCS already inscribed, the new valor awards which may be inscribed include the Distinguished Service Cross, the Navy Cross, the Air Force Cross, and the Silver Star.

This policy change is another enhancement of the compassionate service NCS strives to continually provide and improve upon.

Other inscription policy changes reflecting that goal were: beginning to inscribe, also at no extra cost, all of the armed forces branches of service in which a veteran served, and replacing grave markers that contain an error made by the applicant, again at no charge to the survivors.

These were responses to frequent requests which resulted in little cost to the Government.

VA People: Productivity, Service, and Commitment



VA is a large and complex organization, employing over 240,000 full-time, part-time, and intermittent employees. The VA workforce consists of many diverse occupations, including physicians, nurses, statisticians, architects, computer specialists, and attorneys. All of these individuals play a part in supporting the VA's mission of serving our Nation's veterans in an efficient and caring manner.

Over the years, VA's workforce has been recognized in many ways. VA employees have earned national awards in the fields of financial and personnel management, data processing, and medical research. In the field of medical research, the accomplishments of VA employees have benefited not only veterans, but medical science as a whole. The first heart transplant was performed at a VA medical center, and VA researchers played key roles in eradicating tuberculosis, developing the pacemaker and CT scan, and improving artificial limbs for amputees.

The following articles describe recent efforts and accomplishments of VA employees in providing quality service to the Nation's veterans and their dependents.

VA Physician Receives Top AMA Award

Harriet P. Dustan, M.D., internist and clinician at the VA Medical Center in Birmingham, Alabama, was selected to receive the American Medical Association's Scientific Achievement Award.

The award, which is given annually to outstanding scientists who have contributed to the field of medicine, was presented during the Association's board of delegates meeting in Chicago, Illinois, on June 26, 1988. Dr. Dustan is being recognized for her lifelong clinical and experimental treatment of hypertension.

Widely known for her studies on the role of salt in hypertension, she was the first person to give sodium nitroprusside (an intravenous drug used to control severe hypertension) to humans and among the first to use thiazides in the treatment of the disease.

With hypertension being among the leading causes of death in the United States, Dr. Dustan's studies focused on the pathophysiology of the disease. From 1948 to 1977, with the help of the Cleveland Clinic Foundation, she made a number of scientific discoveries that today influence the everyday practice of internal medicine.

Founder of the Hypertension Research Program at the University of Alabama, Dr. Dustan also was the principal instigator of the specialized center of research in hypertension.

She is a past president of the American Heart Association and is the first woman regent in the history of the American College of Physicians.

In 1987, she was appointed to VA's Distinguished Physicians Program in which renowned scientists, educators, and administrators serve as advisors in such areas as medical education and research.

National Medal of Science Winner

Rosalyn S. Yalow, Ph.D., senior medical investigator at the Bronx, New York, VA Medical Center, was presented the National Medal of Science by President Reagan at a ceremony in Washington, D.C., on July 15, 1988.

A Nobel Prize recipient, Dr. Yalow received the Medal for her historic contributions to the discovery and development of radioimmuno-assay, a technique that is now used to measure hundreds of biologic substances that are of interest in thousands of laboratories all over the world. She was the first to use this technique to measure insulin, which had never been attempted before, and discovered the first antigen for hepatitis B virus.

Congress established the National Medal of Science to be presented to individuals deserving of special recognition for their outstanding contributions to knowledge in the physiological, biological, mathematical, or engineering sciences. In 1980, the categories were expanded to include social and behavioral sciences. The Medal has been awarded to 245 scientists and engineers since it was established in 1959.

Dr. Yalow's career was highlighted in 1977 when she shared the Nobel Prize for Medicine with another VA researcher, Andrew V. Schally, Ph.D., of the New Orleans, Louisiana, VA Medical Center. She was hailed in the international scientific community for pioneering the ingenious process of using radioisotopes to measure minute substances in body fluids. Her work has also earned recognition in the field of radiation exposure where she frequently writes and lectures about what she characterizes as an unnecessary "public phobia" about radiation.

Dr. Yalow earned an A.B. from Hunter College in New York, and an M.S. and Ph.D. in physics from the University of Illinois at Urbana. She began her full-time VA career as a physicist and assistant chief of the Radioisotope Service at the Bronx VA Medical Center in 1950.

Dr. Yalow was named a senior medical investigator in 1972, and a year later the Director of the Solomon A. Berson Research Laboratory at the Bronx VA Medical Center. She is a distinguished professor-at-large at the Mt. Sinai School of Medicine and professor emeritus at the Albert Einstein College of Medicine.

First VA Recipient of William A. Jump Award

Jonathan H. Gardner, Associate Director of the VA Medical Center in Dallas, Texas, is the first VA recipient of the prestigious William A. Jump Memorial Award for exemplary achievements and leadership in public administration in the Federal Government. Mr. Gardner was a co-winner with Kathryn S. Schmoll, Assistant Associate Administrator for Institutions, National Aeronautics and Space Administration. The award, a solid gold key, was presented by the Secretary of Agriculture at a ceremony held on June 22, 1988.

This annual awards program, which began in 1950, provides for Governmentwide competition and honors exceptional Federal career personnel under the age of 37. One nominee is considered from each agency. The award is given in memory of William A. Jump, budget and finance officer of the Department of Agriculture for many years who was nationally recognized for his leadership in public administration.

Mr. Gardner was appointed as the Associate Director of the Dallas VA Medical Center in 1987. For the past 2 years, he has served on VA task forces that dealt with national VA health care management issues such as cardiac surgery, budget, new medical center locations, and health care for veterans living in remote areas.

A 1978 political science graduate of Brigham Young University, he went on to earn his M.P.A. in Health Care Administration there in 1980. He began his VA career as an administrative resident and management intern at the Salt Lake City, Utah, VA Medical Center. He served as a staff assistant and district health planner with the VA medical district in Salt Lake City and was promoted to associate coordinator of the district. He became a health system specialist in the Southwestern Region in 1987, prior to his selection for the VA's Associate Director Health Care Management Training Program and subsequent appointment as Associate Director in Dallas. Since he has been employed in VA, Mr. Gardner has been the recipient of numerous awards recognizing his achievements, including an Administrator's Special Contribution Award.

Presidential Rank Awards

Twenty-two VA executives were recently honored with Presidential Rank Awards—awards presented to Federal managers for exceptional performance over a period of years in leadership positions in the Federal Government.

Three VA managers, Robert E. Coy, Deputy General Counsel, Lois A. High, Special Field Operations Representative, and Thomas P. Mullon, Director, Minneapolis VA Medical Center, each received a Distinguished Executive Award which carries a $20,000 stipend. The executives were honored by President Reagan at a ceremony held at the White House on August 2, 1988.

There were 19 recipients of Meritorious Executive Rank Awards who each received $10,000. These executives were honored at a reception hosted by the Office of Personnel Management on September 20, 1988:

- Glenn Alred, Jr., Atlanta VA Medical Center Director;
- Gordon W. Clowney, Detroit VA Regional Office Director;
- David A. Cox, former Associate Deputy Administrator for Management;
- James A. Goff, Boise VA Medical Center Director;
- R. Michael Harwell, Amarillo VA Medical Center Director;
- Terence Johnson, Indianapolis VA Medical Center Director;
- Dan G. Kadrovach, Fayetteville, AR, VA Medical Center Director;
- Robert E. Lindsey, Jr., VHS&RA Western Region Director;
- Andrew Montano, Albuquerque VA Medical Center Director;
- Renald P. Morani, Inspector General Designate;
- James S. Must, Executive Assistant to the Deputy Chief Medical Director (deceased);
- Donald R. Ramsey, St. Louis VA Regional Office Director;
- Fred F. Salas, Denver VA Medical Center Director;
- Robert W. Schultz, Deputy Associate Deputy Administrator for Logistics, VA Central Office;
- Barbara A. Small, Durham VA Medical Center Director;
- Paul R. Stanford, Chicago (Westside) VA Medical Center Director;
- Russell E. Struble, Milwaukee VA Medical Center Director;
- Donald B. Thompson, VHS&RA Southeastern Region Director; and
- David B. Van Hooser, Director, Medical Information Resources Management Office, VA Central Office.

Since the inception of the Presidential Rank Awards in 1980, VA has had 12 Distinguished and 47 Meritorious recipients.

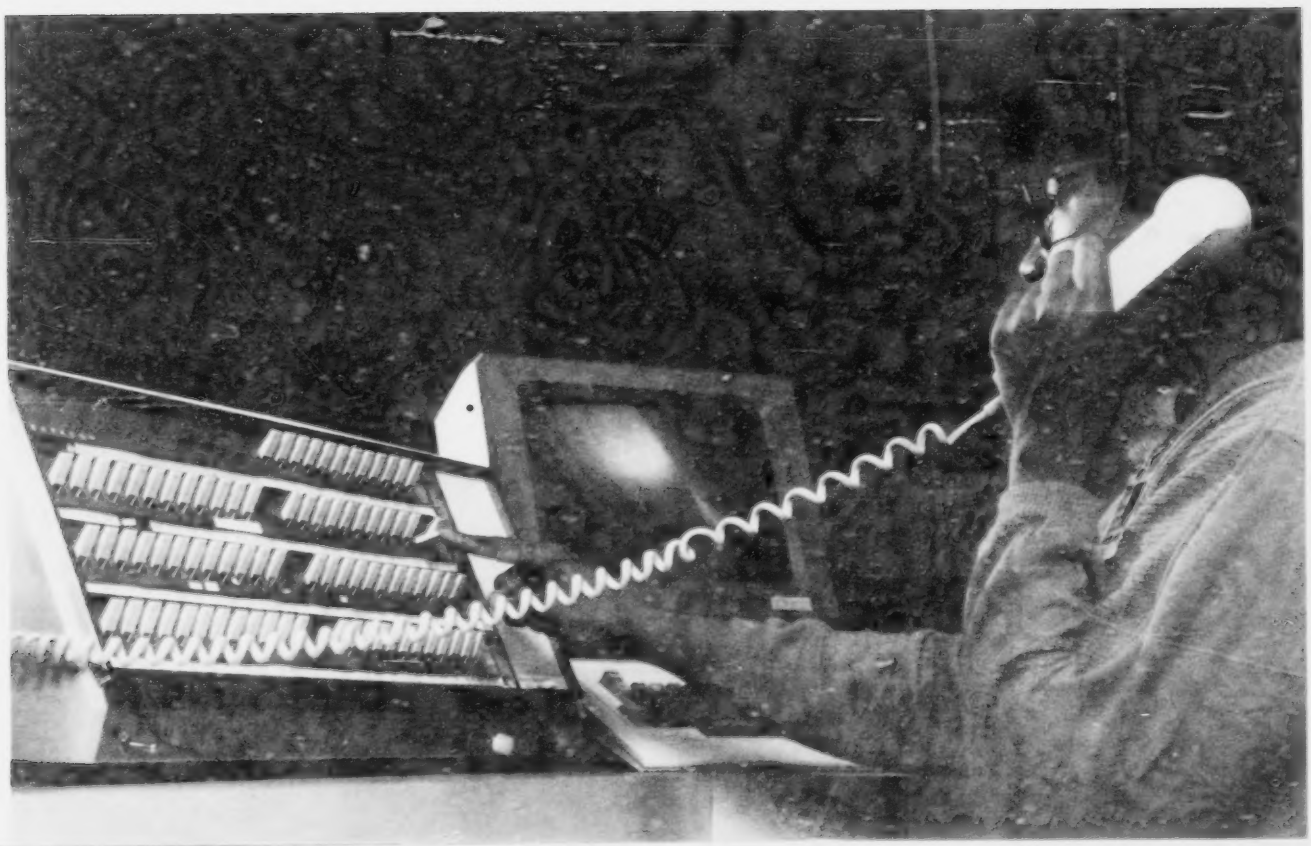
VBA Employee Honored for Volunteer Work

The late George Alexander, staff assistant for Manufactured Housing with Loan Guaranty Service, was honored shortly before his death in January 1989 by the Blinded American Veterans Foundation (BAVF), as VA's "Mr. Volunteer."

A portrait of Mr. Alexander in the likeness of a U.S. postage stamp was presented to him by John Fales, BAVF president. "His tireless volunteer efforts alone merit this recognition," said Fales. "But equally important is that he takes such obvious pleasure in what he does that his enthusiasm becomes contagious."

Mr. Alexander was credited in large part with the establishment of a nationwide stamp club for VA hospital patients. Centered at the VA Medical Center, Tucson, Arizona, the activity has expanded to some 30 other medical centers, involving both inpatients and outpatients.

Mr. Alexander noted the support he received from the U.S. Postal Service and Lions Clubs International. Each has contributed funds and materials for the stamp collectors.



American Hospital Association Award

Marie Fulkerson Ashcraft, a regional planner for VA's health care system, received the 1988 Federal Health Care Executive Special Achievement Award from the American Hospital Association.

The award, presented on August 9, 1988, at the AHA's annual convention in New Orleans, recognizes a career Federal health care executive who has achieved distinction through significant accomplishments that have contributed to the mission of the Federal health care system.

Dr. Ashcraft joined VA in 1978 as Chief of the Great Lakes regional field program in health services research at the Ann Arbor, Michigan, VA Medical Center. She served as a research science specialist for the program before becoming a regional planner in 1986.

An associate professor in the Department of Health Services Management and Policy at the University of Michigan School of Public Health, she also serves as a consultant to the University of Michigan Hospitals in the Office of Clinical Affairs.

Dr. Ashcraft received a B.S. in nursing and an M.B.A. from California State University, and a Ph.D. in medical care organization from the University of Michigan.

VA Controller Honored

Conrad R. Hoffman, Director, Office of Budget and Finance (Controller), was the Federal sector's recipient of the 1988 Donald L. Scantlebury Award, and was presented with an engraved plaque by the presiding officer of the Joint Financial Management Improvement Program (JFMIP) and the Comptroller General of the United States at the Seventh Annual Financial Management Conference held in Washington, D.C., on March 9, 1988.

Administered by the JFMIP for the past 16 years, this is the only Federal Government-sponsored award that is specifically directed to excellence in financial management. The award recognizes senior financial management executives who, through outstanding and continuous leadership in financial management, have been principally responsible for significant economies, efficiencies, and improvements in Federal, State, or local government.

Mr. Hoffman, who has served as the VA's Controller since 1972, was recognized for the financial management and control of appropriations exceeding $27 billion and for his role as the chief VA agent in the areas of budgeting, financial management, resource planning, and the application of ADP systems and other technologies. In addition, he directed the formulation of financial and budgetary policies, plans, procedures, and methodologies which affected a network of 365 VA facilities.

Wage Employee of Year Panske Honored at NCS Conference

David A. Panske, a maintenance worker at Fort Bliss, Texas, National Cemetery, received the 1988 Wage Employee of the Year Award at the NCS Annual Conference and a $1,200 Special Contribution Award.

Mr. Panske, who has worked at Fort Bliss and Fort Bayard National Cemeteries since 1976, was praised for his innovative approaches to problem-solving at both cemeteries and his recommendations for improving safety.

Some of his significant achievements include: designing and helping construct a safety ramp at Fort Bayard to provide handicapped access to the committal shelter area and easier movement of caskets; identifying the source of contamination of a water line at Fort Bliss and correcting it, saving over $20,000 to lay a new line; and major repairs to valves and blocks not made by a defaulting contractor for an irrigation project at Fort Bliss. The repairs enabled the cemetery to maintain the irrigation system during the period of default.

In a slide presentation on Mr. Panske's achievements, NCS Western Area Director Donnell Mohr also described the skilled carpenter's design of several structures and displays, including a portable committal shelter to handle all weather conditions, and his landscape design of a rose garden.

David M. Worthen Award for Academic Excellence

Francis A. Zacharewicz, M.D., was chosen to receive the VA's first David M. Worthen Award for Academic Excellence.

Named in honor of VA's late Assistant Chief Medical Director for Academic Affairs, the award recognizes a VA employee who has made a contribution of national significance to the education of health care professionals.

The award was presented at ceremonies during the joint Annual Meeting of the Association of American Medical Colleges and Veterans Health Services and Research Administration's Senior Management Conference November 13–17, 1988, in Chicago.

Dr. Zacharewicz currently holds the positions of Chief of Staff and Director of the South Central Regional Medical Education Center at the St. Louis VA Medical Center.

Dr. Zacharewicz began his VA career in 1964 as a clinical investigator at the St. Louis VA Medical Center. Since then, he has been an innovative force behind the development of a national, integrated, health professions education system for VA's Veterans Health Services and Research Administration.

Among his many accomplishments are pioneering efforts in the development of the Physicians' Assistant Training Program, the Nurse Coordinator Program, and the Learning Resource Center and Regional Medical Education Center models. In addition, Dr. Zacharewicz has been responsible for the development of many award-winning educational programs in diabetes, medical administration, motivational dynamics, and stress management.

He also has held a number of faculty positions throughout his career. Currently, he is associate professor of medicine and assistant dean for continuing medical education at the St. Louis University School of Medicine.

Dr. Zacharewicz earned a bachelor of science degree from Manhattan College, New York City, and a medical degree from Georgetown University School of Medicine.

A member of numerous advisory groups and organizations, Dr. Zacharewicz is a frequent lecturer and contributor to journals and publications.

Recreation Therapist Receives AFA Award

Santo F. Trombetta, recreation therapist at the VA Medical Center, Grand Junction, Colorado, was this year's recipient of the Air Force Association's (AFA) 11th VA Employee of the Year Award, which is one of the highest awards granted by the AFA.

Each year, the AFA recognizes one or more outstanding VA employees for achievements in serving America's veterans. The AFA is the only private organization to sponsor recognition specifically designed for VA employees. The award recognizes significant contributions to the mission of the VA by an employee or group of employees. It focuses attention on the achievements of VA employees in serving America's veterans; increases public knowledge and appreciation of the dedication and personal commitment of VA employees to providing competent, courteous, and compassionate service to veterans; and encourages VA employees to strive for excellence in their daily work.

Mr. Trombetta, who received his B.A. degree in human service with emphasis in recreation management, outdoor leadership, cultural arts, and recreation therapy, joined the VA staff as a recreation therapist in 1980 at the Grand Junction Medical Center. He was the driving force in establishing the National Winter Sports Clinic for disabled veterans and bringing this successful program to fruition. The Clinic was featured in March 1988 on the CBS program, "Sunday Morning with Charles Kuralt."

Mr. Trombetta was honored at a luncheon on September 20, 1988, at the Sheraton Hotel in Washington, D.C. He was presented with a special plaque citing his achievements and received a standing ovation from approximately 1,200 guests attending the luncheon.

Physician Honored with Middleton Award

Gerald Reaver, M.D., Director of the Palo Alto VA Medical Center's Geriatric Research, Education, and Clinical Center (GRECC), has been awarded VA's highest scientific honor—the Middleton Award. The award is named for William S. Middleton, M.D., who served as VA's Chief Medical Director from 1955 to 1963.

Dr. Reaven was recognized for his leadership in the development of research, education, and new clinical care programs for the elderly, and for his achievements in the field of diabetes research.

The award was presented on April 30, 1988, in Washington, D.C., at the joint annual meetings of the American Federation for Clinical Research, the Association of American Physicians, and the American Society for Clinical Investigation.

In addition to his accomplishments as Director of the Palo Alto GRECC, Dr Reaven is internationally recognized for his work in diabetes research. Early in his VA career, he defined the relationship between hyperglycemia and insulin response to oral glucose in normal subjects and patients with noninsulin-dependent diabetes mellitus. Dr. Reaven demonstrated that improvement in insulin response to oral glucose followed weight loss. This finding led to a new understanding of the role of diet in the treatment of diabetes.

More recently, his studies of triglyceride (fat) metabolism in diabetes have uncovered a defect in the transport of blood plasma cholesterol. This defect leads to hyperlipidemia (high plasma fat) and atherosclerosis in noninsulin-dependent diabetes.

Dr. Reaven received his medical degree from the University of Chicago in 1953. He interned at the University of Chicago Hospital and was a research fellow in medicine at Stanford University before joining the U.S. Army Medical Corps in 1955. He was appointed instructor of medicine at Stanford in 1960, and currently is head of the Division of Gerontology. He also holds the Nora Eccles Harrison Professorship in Diabetes Research.

Dr. Reaven began his VA career in 1968 as a staff physician at the Palo Alto VA Medical Center. He was a medical investigator from 1971 to 1977, when he assumed his current position of Director of the GRECC. The Palo Alto GRECC, 1 of 12 such VA centers established to improve the care of older veterans, focuses on metabolic and endocrine disorders of aging, health services delivery research, and psychosocial aspects of aging.

Health and Fitness Program Recognized

VA Central Office's Health and Fitness Program was recognized at the 1988 Office of Personnel Management (OPM) Director's Awards for Outstanding Health and Fitness Programs ceremony held on June 29, 1988, in the Old Executive Office Building, Washington, D.C. OPM Director Constance Horner presented the awards.

The Health and Fitness Program Awards recognize Federal organizations which have successfully established or significantly improved their employee health and fitness programs. The award program also encourages other Government organizations to strive for high-quality health and fitness programs.

The number of nominations received for this year's awards program reflects the heightened interest in health and fitness programs Governmentwide. This year, 73 nominations were received. This is almost double the number received by OPM last year, the first year of the awards program. Of this year's nominations, seven were from the VA. In addition to the Central Office program, programs from the following VA medical centers received consideration: Dallas, Texas; Lake City, Florida; Little Rock, Arkansas; Milwaukee, Wisconsin; Portland, Oregon; Shreveport, Louisiana; and Washington, D.C.

VA Central Office's program was recognized for its comprehensive approach to employee health and fitness. The program includes medical screening and counseling by a full-time internist; exercise programs tailored to the specific needs of the individual employee; periodic health and fitness assessments to monitor progress; and special purpose programs such as blood pressure screenings, eye examinations, "smoke-out" programs, and exercise classes for pregnant women.

In presenting the awards, OPM Director Horner said, "By focusing on the whole health of their employees, the agencies being honored today have shown that health and fitness programs hold enormous potential for improving the well-being of Federal employees while, at the same time, improving organizational effectiveness and lowering personnel costs. That's a real 'win-win' situation, and one we all want to see continued and expanded in the years ahead."

Nationwide Recruitment Center

The VA's Nationwide Delegated Examining Unit (DEU), located in Richmond, Virginia, serves as a recruiting center for VA health care professionals, such as pharmacists, psychologists, social workers, and dietitians. With an emphasis on courtesy and efficiency, DEU staff streamline the hiring process and project a positive image of VA as an employer.

The DEU recruits for 14 occupations formerly serviced by the Office of Personnel Management. During the year, over 3,000 lists of names were referred to VA facilities and other Federal agencies. On those lists were nearly 11,000 names of qualified applicants. Those referrals resulted in the selection of 1,564 employees.

The DEU, which is part of the VA's Office of Personnel and Labor Relations, supports VA's goal of providing high-quality health care to veterans. In addition to its role as an examining office for positions in the competitive civil service, the DEU also functions as VA's Physician and Dentist Placement Service, carrying out recruiting and placement activities for positions covered by VA's title 38 employment system.

The DEU also participates in recruitment outreach for those occupations which are in short supply. In FY 1988, DEU staff attended 11 national conventions of the societies and associations of these occupations and advertised for them in professional journals with nationwide circulation.

Award for Outstanding Federal Employees with Disabilities

Francis H. Lynch, Chief of the Boston, Massachusetts, VA Medical Center's Prosthetic and Sensory Aids Service, was among 12 Federal employees chosen to receive the 20th annual Presidential Award for Outstanding Federal Employees with Disabilities. (This award was previously called the Outstanding Handicapped Federal Employees of the Year Award.) Mr. Lynch was honored on October 6, 1988, at an awards ceremony sponsored jointly by the Office of Personnel Management and the Department of Commerce.

This awards program honors Federal employees with disabilities who have given exemplary service to their agencies, to their communities, or to the Nation. The program focuses top-level Federal attention on the many advantages to be gained by employing people with disabilities and spotlights Federal employees with severe disabilities who have handled their responsibilities with great skill, often in the face of formidable obstacles.

Mr. Lynch was recognized for demonstrating a high degree of compassion, commitment, and excellence in his work with other disabled veterans. A quadriplegic himself, he manages an organization which provides prosthetic and related appliances (e.g., artificial limbs, wheelchairs, hearing aids, and aids for the blind) and services to eligible disabled veterans to facilitate their living and working as productive citizens.

In addition to his work with veterans, Mr. Lynch is also heavily involved in community activities, such as helping to organize sporting events for disabled veterans and assisting veterans in obtaining equipment to participate in these games. In Hawaii, he was involved with the Hawaii United Cerebral Palsy Independent Living Project and obtained handicapped-accessible housing for the disabled. Twice he helped to organize the Hawaii Regional Wheelchair Games.

Beginning his VA career in 1972 as a veterans benefits counselor at the Boston VA Regional Office, Mr. Lynch later transferred to the VA Medical Center in West Roxbury, Massachusetts, as a prosthetic representative. He has also held the position of Chief, Prosthetic and Sensory Aids Service, at the West Roxbury Medical Center, the VA Outpatient Clinic in Honolulu, and the San Diego VA Medical Center.

Outstanding Nurses Honored

Three VA nursing personnel were selected as the outstanding VA nursing employees of 1988.

The Administrator's Award for Excellence in Nursing, established in 1985, recognizes high standards in VA nursing care.

The 1988 recipients were: Pauline V. Skinner, R.N.C., a gerontological clinical specialist at the Houston, Texas, VA Medical Center; Debra Comegys, a licensed practical nurse at the Columbia, Missouri, VA Medical Center; and Johnny P. Tillman, a nursing assistant at the Jackson, Mississippi, VA Medical Center.

Each of VA's 172 medical centers submitted nominations for the awards, which were presented at VA headquarters in Washington, D.C., in May 1988.

All VA nursing personnel—which number more than 60,000—were saluted throughout VA's medical system during National Nurses Week, May 1–7, 1988.

Removal of Architectural Barriers

VA is a leader among Federal agencies in striving to make facilities accessible to people with physical disabilities. It is VA's goal to bring about maximum accessibility to all buildings used by patients, employees, and visitors. Since 1980 VA has spent over $36 million to make this possible.

To ensure facility accessibility, the Administrator issued an all-station letter in FY 1988 to his top officials, requiring that all field stations conduct a survey of their facilities and develop a comprehensive listing of all architectural barriers. If deficiencies were identified, stations were required to develop a plan to make corrections. VA also reviewed plans and provided technical advice and design criteria to the 37 States which have State Veterans Homes, to ensure these facilities are barrier-free. In addition, VA completed studies of automatic revolving doors, automatic sliding door openers, and door hardware designed for disabled patient use.

VA has developed its own checklist for barrier-free design which contains requirements over and above those specified by Federal regulations. It deals with measurements for walks, floor surfaces, slope for ramps, parking spaces, doorways, toilet facilities, water fountains, etc. During FY 1988, VA completed 23 projects totaling over $3.4 million. For FY 1989, nearly $3 million has been budgeted for the removal of architectural barriers.

Tenth Annual Olin E. Teague Award

VA's 10th annual Olin E. Teague Award was awarded to Raymond M. Scurfield, D.S.W., Director of the Post-Traumatic Stress Treatment Program at the American Lake VA Medical Center, Tacoma, Washington. Dr. Scurfield was honored at a ceremony held on December 2, 1988, in Washington, D.C. The Teague award recognizes an individual VA employee, or employees working as a team, whose achievements have been extraordinarily beneficial to the rehabilitation of war-injured veterans. The award was established to honor the late Representative Teague who served 31 years on the House Committee on Veterans' Affairs, and was an advocate of disabled veterans.

Dr. Scurfield, nationally recognized for his clinical and research expertise in the study and treatment of post-traumatic stress disorder (PTSD), has been involved in the care of psychologically war-injured veterans for the last 17 years. He was formerly a captain in the U.S. Army Medical Service Corps, serving as a psychiatric social worker and executive officer in Nha Trang, Vietnam.

Dr. Scurfield first became associated with VA in 1971 by co-organizing the development and establishment of the first Substance Abuse Program at the West Los Angeles, California, VA Medical Center. In 1982, he transferred to Central Office to become the first Associate Director for Clinical Services of the Readjustment Counseling Service. In this capacity, Dr. Scurfield was responsible for the formulation, planning, and implementation of psychological rehabilitation services provided by over 500 mental health staff members at 137 Veterans Outreach Counseling Centers.

In 1985, Dr. Scurfield became the first Director of the Post-Traumatic Stress Treatment Program at the American Lake VA Medical Center. This unique program, designed by Dr. Scurfield, functions as a total psychological rehabilitation program. He has published several articles on the recognition and treatment of combat-related PTSD and has been the principal and co-principal investigator of several research projects that have expanded professional understanding and awareness of veterans.

Management Efficiency Pilot Program

Since October 1987, 11 pilot sites, including 5 medical centers, 5 regional offices, and 1 data processing center, have had the opportunity to request waivers of rules, procedures, regulations, and legislation which impede the expedient provision of services and benefits to veterans—thanks to the Management Efficiency Pilot Program (MEPP), a 3-year test.

Illustrations of requests include elimination of agency procedural restrictions within the services of finance, personnel, and supply; and delegation of authority to approve salary rates for the alleviation of recruitment and retention problems. As of October 1988, almost 500 waivers had been approved or conditionally approved.

Internal and external restraints, which have served their purposes in the past, are sometimes hindering the successful accomplishment of the VA mission today. The novel approach to management would "free managers to manage" and motivate employees at all levels to instigate change.

The Pilot Program allows field sites to submit proposed changes to the operating environment as long as the requests do not affect:

- fundamental civil service and procurement laws;
- patient care eligibility and priority-of-care provisions; or
- national and local union contracts.

Moreover, pilot sites operate within appropriations based on their organization's constraints, and under the current general mission of the sites.

VA is currently evaluating the initial year of the Pilot Program.

Federal Design Achievement Award

VA's Fort Custer National Cemetery, Battle Creek, Michigan, received a 1988 Federal Design Excellence Achievement Award. Entered under the category discipline of Landscape Architecture, the cemetery was master planned by the consulting firm of Johnson, Johnson, & Roy of Ann Arbor, Michigan.

Bestowed once every 4 years, the Presidential Design Awards recognize excellence in Federal design accomplishments and honor individuals who have made outstanding contributions to Federal design. Nominees were selected in two categories—Achievement Awards for meritorious design and the higher Presidential Awards for design excellence.

The Fort Custer National Cemetery represents VA's new generation of cemeteries that recognize and build upon the historic concept of a cemetery as a park rather than as a formal memorial. Wetlands, ponds, panoramic views, unique trees, and meadows are preserved and managed as conservation areas. Drives, buildings, and committal shelters are fitted closely into the natural terrain to minimize disruption of the natural systems, including slopes, vegetation, water features, and drainage patterns. The intent is creating a national cemetery which offers a setting reflective of the region and people it serves, in a park-like area for interment, reflection, and interaction with nature.

The Fort Custer National Cemetery was officially dedicated in 1984 and is designed to serve six Midwestern States. The facility will initially accommodate 20,000 and ultimately 84,000 gravesites for the more than 6 million eligible veterans and their families residing in Michigan, Indiana, Illinois, Ohio, Wisconsin, and Minnesota. The Fort Custer National Cemetery is 1 of 112 national cemeteries managed by the National Cemetery System.

VA Employee Paints Portrait of President

A portrait of President Reagan, which was presented to him on July 29, 1988, by the National League of POW/MIA Families, was painted as a private project by artist Thomas Nielsen at his Front Royal, Virginia, studio. A Vietnam veteran, Mr. Nielsen is employed as a visual information specialist with the Office of Administration in VA Central Office. The surprise gift to the President for his support is only one example of Mr. Nielsen's continued efforts on behalf of the League of Families. Mr. Nielsen has been designing the annual POW/MIA Recognition Day poster since 1983.

Surveys Conducted on VA Services

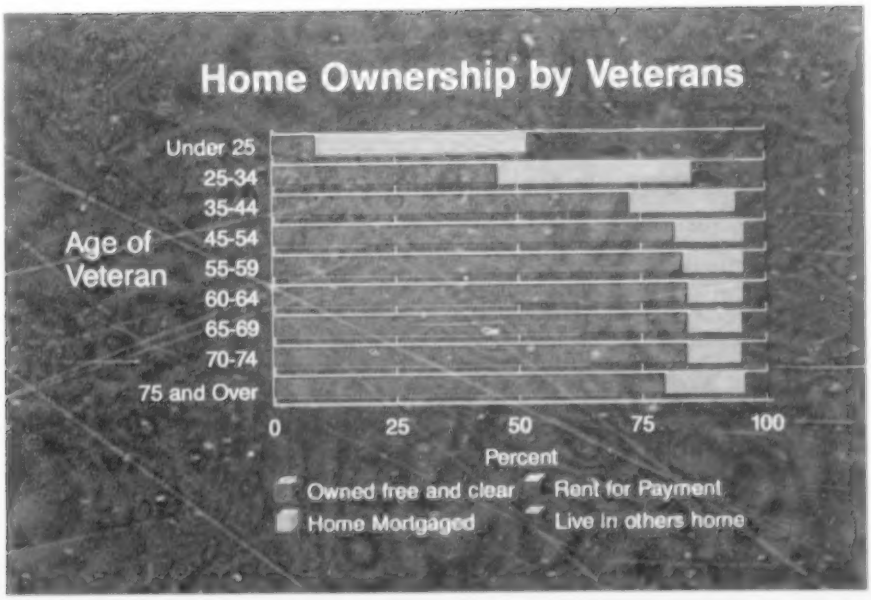
VA periodically sponsors large-scale surveys of the entire veteran population or its subgroups. Sample sizes usually range from 3,000 to 10,000 veterans. Information collected in these studies is used to assist VA in planning for the future and to answer questions from within VA, Members of Congress, OMB, and the public.

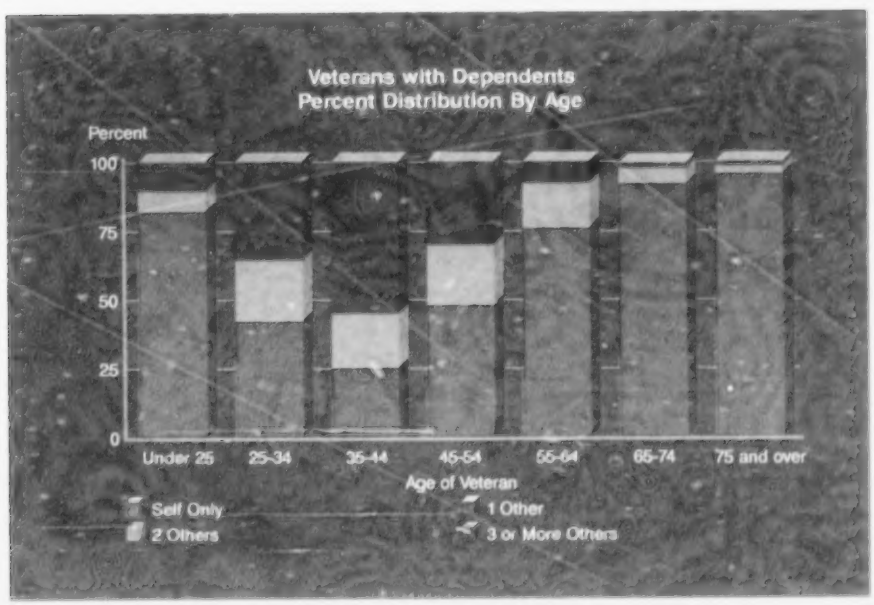
In 1987, a comprehensive Survey of Veterans (SOV III) was conducted for the VA by the Bureau of the Census. Over 9,400 veterans were interviewed in this survey, the third in a series of surveys of the entire veteran population. A summary report covering the basic findings of this research will be released in 1989.

During 1988 and early 1989, two additional surveys covering important subgroups of the veteran population were conducted: Survey of Disabled Veterans (SDV), a survey of 10,000 veterans with a combined degree of disability of at least 10 percent for one or more service-connected conditions; and Survey of Medical System Users (SMSU), a survey of 3,000 veterans who stayed overnight in VA medical centers during fiscal year 1987.

These surveys were undertaken primarily to obtain data on veterans for use in short- and long-term planning of VA programs. The data from the surveys expand or enhance the data from administrative records. The direct input of data from the veterans about VA programs can aid the VA in improving the delivery of benefits and services, as well as detecting possible areas for potentially new or enhanced services. In addition, the data can help the VA in making the delivery of benefits and services more efficient and cost-effective.

The summary reports for SDV and SMSU are expected to be available before the end of 1989. As with the SOV III, the summary reports, microdata tapes, and followup reports from these studies will be available upon request.





America's Wars

(VA Data as of October 1, 1988)

TOTALS

War Participants[1]
38,290,000

Deaths in Service
1,081,000

Living War Veterans
21,268,000

Living Ex-Servicemembers
27,279,000

AMERICAN REVOLUTION (1775–1784)
Participants 290,000
Deaths in Service 4,000
Last Veteran, Daniel F. Bakeman
died April 5, 1869, age 109

WAR OF 1812 (1812–1815)
Participants 287,000
Deaths in Service 2,000
Last Veteran, Hiram Cronk,
died May 13, 1905, age 105

MEXICAN WAR (1846–1848)
Participants 79,000
Deaths in Service 13,000
Last Veteran, Owen Thomas Edgar,
died September 3, 1929, age 98

INDIAN WARS (Approx. 1817–1898)
Participants 106,000
Deaths in Service 1,000
Last Veteran, Fredrak Fraske,
died June 18, 1973, age 101

CIVIL WAR (1861–1865)
Participants (Union) 2,213,000
Deaths in Service (Union) 364,000
Participants
(Confederate) ..... 1,000,000[2]
Deaths in Service
(Confederate) ..... 133,821[2]
Last Union Veteran, Albert Woolson,
died August 2, 1956, age 109
Last Confederate Veteran, John Salling
died March 16, 1958, age 112

SPANISH-AMERICAN WAR (1898–1902)
Participants 392,000
Deaths in Service 11,000
Living Veterans 1

WORLD WAR I (1917–1918)
Participants 4,744,000
Deaths in Service 116,000
Living Veterans 114,000

WORLD WAR II (9/16/40 through 7/25/47)
Participants ..... 16,535,000[3]
Deaths in Service 406,000
Living Veterans ..... 9,444,000[4,5]

KOREAN CONFLICT (6/27/50 through 1/31/55)
Participants ..... 6,807,000[3,6]
Deaths in Service 55,000
Living Veterans ..... 4,960,000[4,5,7]

VIETNAM ERA (8/5/64 through 5/7/75)
Participants ..... 9,200,000[8]
Deaths in Service 109,000
Living Veterans ..... 8,277,000[4,5]

[1] Persons who served in more than one war period are counted only once.
[2] Authoritative statistics for Confederate Forces not available. An estimated 28,000 Confederate personnel died in Union prisons.
[3] 1,476,000 served in WWII and Korean conflict.
[4] 269,000 served in WWII, Korean conflict, and Vietnam era.
[5] 887,000 served in Korean conflict and Vietnam era.
[6] 649,000 served in WWII and Korean conflict.
[7] 339,000 served in Korean conflict and Vietnam era.

The VA Budget

The 1989 budget for VA provides for benefits and services to be administered to the Nation's 27.3 million veterans, and their eligible dependents and survivors. Legislation was enacted during FY 1988 granting presumptive service connection for certain diseases to former POWs and for certain veterans who participated in atomic testing or the occupation of Hiroshima or Nagasaki. The Department of Defense, under authority conferred by Congress in 1978, granted veteran's status to certain individuals who served in the Merchant Marines during World War II.

This budget allows VA to meet the growth in medical care demand with the introduction of new technology and the modernization of VA facilities. Continued ADP funding was also provided for the two modules of the CORE + 8 System, Nursing and Decentralized Medical Management System. VA has also been active in Governmentwide efforts to improve administrative procedures and to increase efficiency. This budget contains funding for three important efforts to strengthen VA's infrastructure. These initiatives are the Financial Management System (FMS), the continuation of the Personnel Accounting and Integrated Data (PAID) Redesign, and the Integrated Supply Management System (LOG I). These initiatives will be utilizing today's technology to provide on-line access for the managers in our medical centers, regional offices, and cemeteries to essential financial, personnel, and inventory data needed to administer their facilities.